2010 Military Health System Conference

What Our Beneficiaries Tell Us About Accessing the MHS: Their Experiences and Satisfaction

Sharing Knowledge: Achieving Breakthrough Performance

OASD(HA)/TMA-HPA&E: Thomas V. Williams, Ph.D., Richard R. Bannick, Ph.D., and LTC Lorraine Babeu, Ph.D.

OASD(HA)/TMA-TRICARE Regional Office-South: Mr. William H. Thresher, SES

Services' Surgeons General: Army: Melissa Gliner, Ph.D.
Navy: CAPT Linda P. Niemeyer
Air Force: Col. James Neville, MC, FS

MTF: CAPT Maureen Padden, MC, USNH Pensacola, FL

January 26, 2010

Agenda

PART 1

- **Introduction to Survey Methodology:** Dr. Tom Williams
  - Purposes of surveys, expectations, strengths and limitations
- **MACRO-Level/ Enterprise Wide Surveys**
  - Overview of MHS Survey Program: Dr. Rich Bannick
  - DoD Population-Based Surveys: Dr. Rich Bannick
  - DoD Event-Based Surveys: LTC Lorraine Babeu
- **Service-Level Perspective: Event-Based Surveys**
  - Army: Dr. Melissa Gliner
  - Navy: CAPT Linda Niemeyer
  - **Q &A & Break**

PART 2

  - Air Force: Col Jim Neville, MC
- **The Regional Perspective**: Mr. William H. Thresher
- **The MTF Perspective**: CAPT Maureen Padden, MD
- **Wrap Up and Q & A**

Purpose

- Provide MHS Conference attendees with:
  - A general overview of primary data available from survey techniques
  - Usable information on beneficiary experiences with the MHS presented from four perspectives: MHS overall, Services, TRICARE Regional and the MTF.
  - Practical techniques for improving the health care experience of our beneficiaries.

Why Measure “Satisfaction”?

- Patient as Customer
  - Are they likely to return?
- Patient as Reporter
  - Can they identify gaps in quality?
  - How do we compare to other systems?
- Patient Respect, and Dignity
  - Have we met our obligation as providers?

Choices of Survey Instrument

- When possible, TMA will use an existing instrument, developed by a reputable firm, with benchmark data of civilian experience
  - Established reliability and validity
  - Promotes capacity to compare and target performance relative to civilian experience
  - Enhances capacity to identify factors that distinguish MHS performance for senior policy and decision makers within the Department, and Congress

Session: What Our Beneficiaries Tell Us About Accessing the MHS:
Their Experiences and Satisfaction

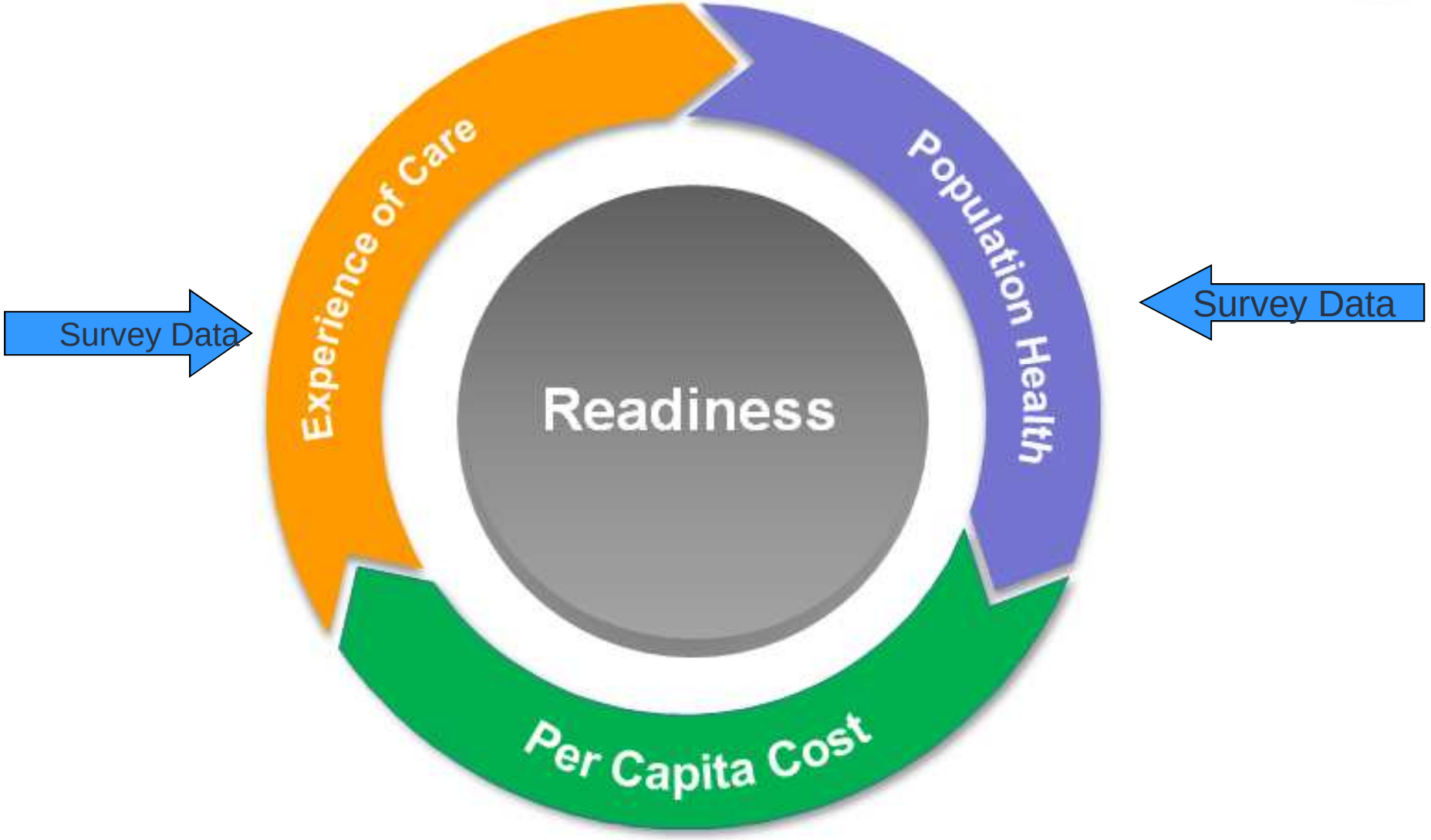
DoD Perspective: MHS Survey Program & Relevance to Strategic Imperatives

Rich Bannick, Ph.D.

OASD(HA)/TMA-HPA&E

January 26, 2010

MHS Quad Aim Chart



Survey-Based Data to Support the MHS Dashboard

#1 – Casualty Care and Humanitarian Assistance

Reduced Combat Losses
- Case Fatality Ratio (OIF/OEF Combat Casualty Statistics)
- Observed vs. Expected Survival Rates (Battle Wounds)
- Mortality Rate Following Massive Transfusions
- Battle-Injured Medical Complications Rate
- Age of Blood in Theater

Effective Medical Transition
- MEBs Completed Within 30 Days
- DES Cases Returned to MTF
- **MEB/PEB Experience Satisfaction Rate**
- **VA Transition Process**

Improved Rehabilitation & Reintegration to Force
- Amputee Functional Re-Integration Rate
- Psychological Distress Screening, Referral and Engagement
- PTSD Screening, Referral and Engagement
- PTSD Intensity of Care
- TBI Screening and Referral
- Potential Alcohol Problems and Referral

#2 – Fit, Healthy and Protected Force

Reduced Medical Non-Combat Loss
- Force Immunization Rate
- Orthopedic Injuries Rate in Theater
- Orthopedic Injuries Rate in Garrison (Non-Deployed)
- Influenza-Like Illness Rate in Theater
- Influenza-Like Illness Rate in Garrison (Non-Deployed)
- Psychological Health: In-Theater Evacuations/ Encounters

Improved Mission Readiness
- **Deployment Limiting Medical Conditions**
- Undetermined Medical Readiness Status

Increased Resilience & Optimized Human Performance
- In Development

#3 – Healthy & Resilient Individuals, Families & Communities

Healthy Communities/Healthy Behaviors
- **MHS Tobacco Use Rate**
- Active Duty Lost Work Days Rate
- **MHS Body Mass Index Rate**
- Alcohol Screening/Assessment Rate
- FAP Substantiated Child/Spouse Abuse Rate
- **Influenza Immunization Rate**
- Mental Health Demand Family of Service Members
- Active Duty Suicide Rate (Probable/Confirmed)

Health Care Quality
- **Enrollee Preventive Health Quality Index (HEDIS)**
- **Overall Hospital Quality Index (ORYX)**
- CONUS Ventilator Associated Pneumonia Rate
- Health Care Personnel Flu Vaccination Rate
- Hospitalization 30-Day Disease Mortality Rate

Access to Care
- **No Problem Getting Needed Care Rate**
- Percent of Time MTF Enrollees See Their PCM When PCM in Clinic
- Booking Success Rates for Primary Care Appointing
- Primary Care Third Available Routine Appointment

Beneficiary Satisfaction
- **Satisfaction with Provider Communication**
- **Satisfaction with Health Care**
- **Satisfaction with Health Plan**

#4 – Education, Research and Performance Improvement

Capable MHS Work Force and Medical Force
- Uniform Provider Fill Rates - Mental Health Specialties
- Competitive & Direct Hire Activity – Medical Professionals

Contribution to the Advancement of Medical Science
- Peer-Reviewed Journal Article Publication Rate

Performance-Based Management and Efficient Operations
- **Annual Cost Per Equivalent Life (PMPM)**
- **Enrollee Utilization of Emergency Services**
- Provider Productivity
- Bed Day Utilization (Prime Enrollees)

Deliver Information to People so They Can Make Better Decisions
- AHLTA Reliability
- DMHRSi/EAS-IV Transmissions by Service

OASD(HA)/TMA Survey Strategy

- **Objectives**:
  - Enterprise- wide:
    - Direct & Purchased care
    - Compare Across Services
  - Trend over time
  - Strategic orientation
    - Support Senior DoD, Service leaders (e.g. metrics)
    - Rely on Service and MCSC
  - Where possible: can be benchmarked
- **Efficient**:
  - Whenever possible, we use a survey that has already been developed by the civilian sector.
  - Survey development, reliability, and validity on their dime, not the Department's.
  - Where possible, rely on statistical sampling to minimize burden on population (beneficiaries, providers, staff) while providing known precision of estimates at level of analysis targeted
- **Effective**:
  - Questions or methodology not seen as biased in favor of the Department
  - We especially seek out surveys that have large, established publically available data on civilian institutions

OASD(HA)/TMA and Service SG Core Survey Program

- **Event-Based (episode of care) Surveys**
  - Outpatient surveys:
    - TRICARE Outpatient Satisfaction Survey (TROSS)
      - Direct Care & Purchased Care, Over Time, Across Services
    - Service Outpatient Surveys:
      - Army SG: AMEDD Provider Level Satisfaction Survey (APLSS)
      - Navy- BUMED: Navy Medicine Patient Satisfaction Survey (PSS)
      - Air Force SG: Service Delivery Assessment (SDA).
  - Inpatient surveys:
    - TRICARE Inpatient Satisfaction Survey (TRISS)
      - Direct Care & Purchased Care, Over Time, Across Services

- **Population Surveys**
  - Healthcare Survey of DoD Beneficiaries (HCSDB)
  - DoD Survey of Health Related Behaviors (HRB)
  - "Wounded Warrior" surveys: HA/TMA Ill or Injured survey and Army OTSG Warrior Transition Unit (WTU)
  - Survey of Civilian Provider Acceptance of TRICARE Standard
  - Ad-hoc: TRS, BRAC
  - DMDC- Tailored Surveys: e.g. Benefits, Services, Workforce Culture, Equal Opportunity, and employee satisfaction

Session: What Our Beneficiaries Tell Us About Accessing the MHS:
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DoD Population-Based Surveys

What Do Our Active Duty Personnel Tell Us About (Un) Healthy Behaviors?

Rich Bannick, Ph.D.

OASD(HA)/TMA-HPA&E

January 26, 2010

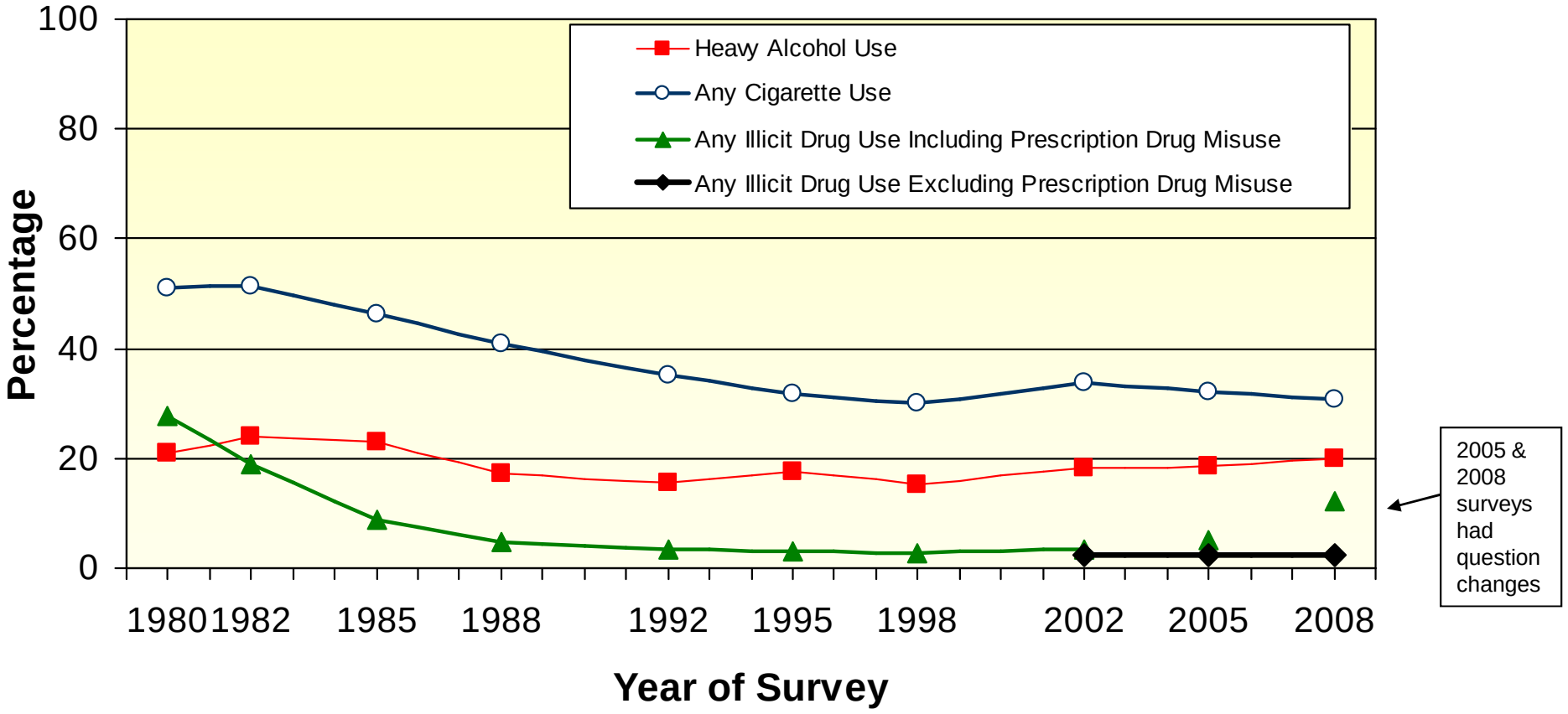
2008 DoD Survey of Health-Related Behaviors (HRB)

- **Background**
  - Largest ***anonymous*** population-based health behavior survey of active-duty personnel
  - Tenth in series of surveys conducted since 1980
  - ASD(HA) and ASD(CN) – proponents
  - Coast Guard included for first time in 2008
- **Methodology**
  - Random selection of 60 DoD Services installations with > 500 assigned, grouped by Service, Major Command, and Region (CONUS/OCONUS) and 10 Coast Guard Installations
  - Active-duty personnel randomly selected at installations based on pay grade and gender;
  - Personnel sampled with replacement: Those TAD/TDY, separated, PCS, on leave, AWOL, incarcerated, hospitalized, deceased, or unknown were replaced by persons in alternate sample of same pay grade group and gender
  - Anonymous on-site administration
  - 28,546 Usable questionnaires (5,927 Army; 6,637 Navy; 5,117 Marine Corps; 7,009 Air Force; 3,856 Coast Guard)
  - Response rate of 70.6% (51.8% in 2005 Survey)

HRB Survey Content Areas

- Substance Use
  - Alcohol, Tobacco, Illicit drug use
- Selected Healthy People 2010 Objectives
- Mental well being
- Weight management
- Exercise/fitness/nutrition
- Deployment: Combat exposure, TBI, PTSD, effect of work and family on stress level
- Safety - Injuries, helmet use, seat belt use
- Health Status
  - Preventive/sexual/oral health
  - Productivity
  - Negative life events/behavioral problems/risk-taking behaviors
- Spirituality/religiosity
- Job satisfaction
- Sociodemographics and Major Command

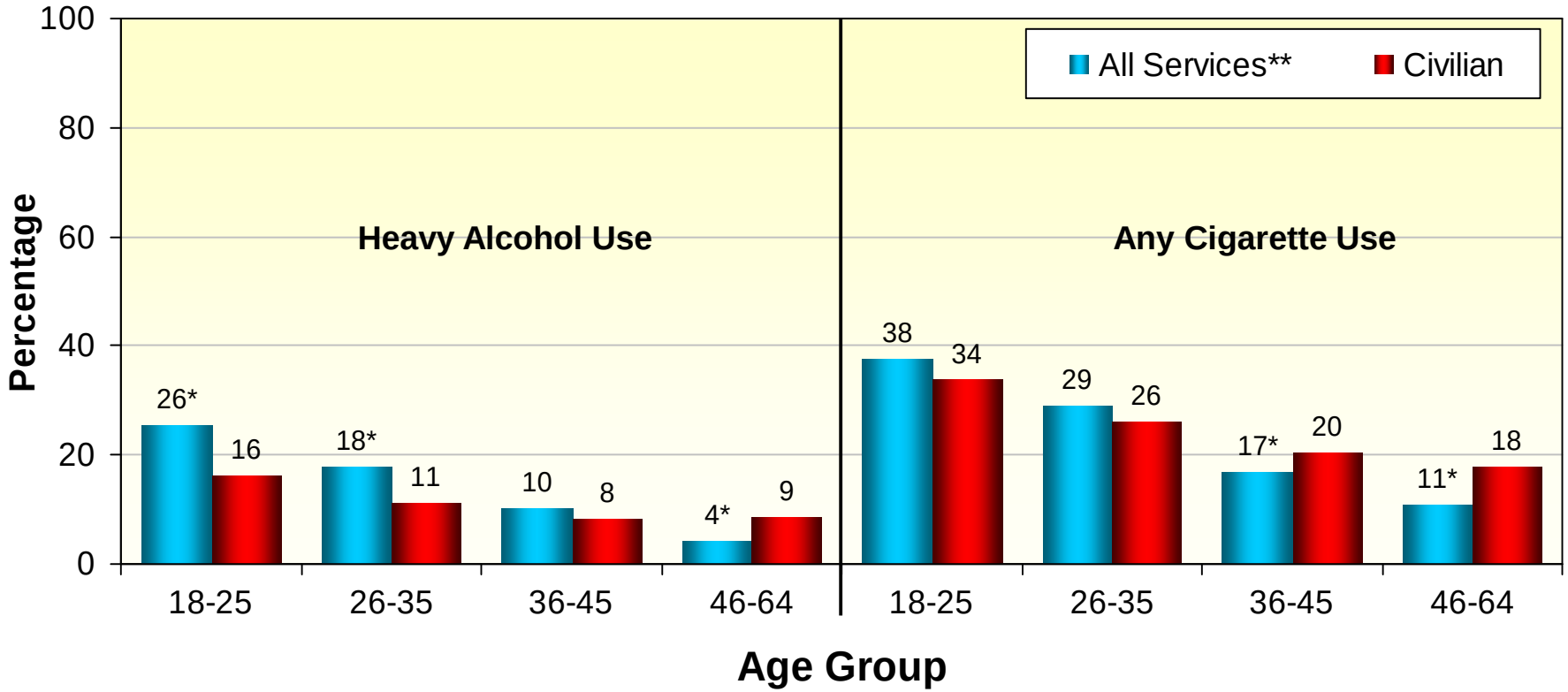
HRB: Service Member Substance Use Trends, Past 30 Days (1980-2008)



Heavy Alcohol Use = 5 or more drinks on the same occasion at least once a week in past 30 days.
Any Illicit Drug Use Including Prescription Drug Misuse = use of marijuana, cocaine (including crack), hallucinogens (PCP/LSD/MDMA), heroin, methamphetamine, inhalants, GHB/GBL, or non-medical use of prescription-type amphetamines/stimulants, tranquilizers/muscle relaxers, barbiturates/sedatives, or pain relievers.
Any Illicit Drug Use Excluding Prescription Drug Misuse = use of marijuana, cocaine (including crack), hallucinogens (PCP/LSD/MDMA), heroin, inhalants, or GHB/GBL.

Source: Table 3.1.1. Alcohol Drinking Level, Q21-Q29 and Q35-Q37; Any Illicit Drug Use Including Prescription Drug Misuse: Past 30 Days, Q81-Q83, Q86a-d, Q87a-d, and Q88a-d; Any Illicit Drug Use Excluding Prescription Drug Misuse: Past 30 Days, Q81a-f, h-j, Q82a-f, h-j, and Q83a-f, h-j; Any Smoking, Q54, Q56.

HRB: Comparison of Service Member and Civilian Heavy Alcohol Use and Smoking (2008)

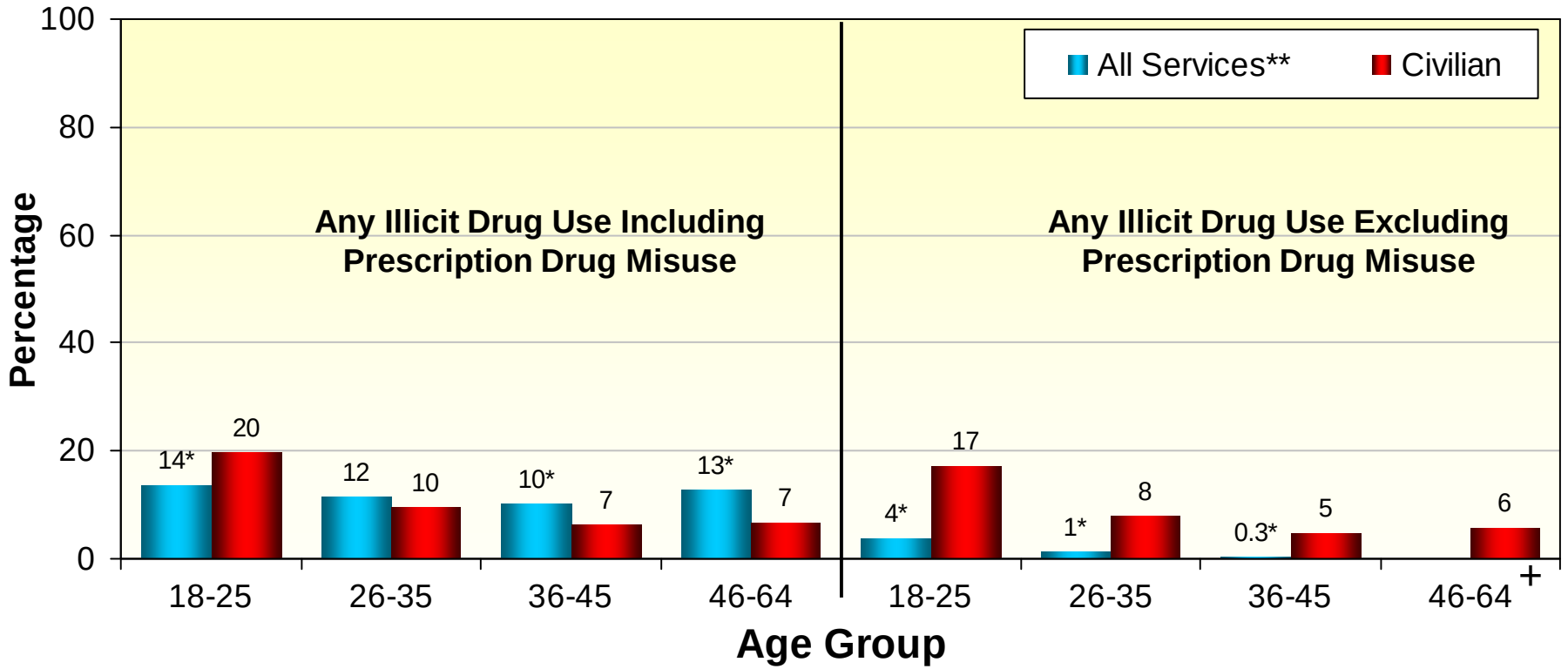


*Statistically significant from Civilian at .05 level. Civilian data are from 2007 National Survey on Drug Use and Health and were standardized to the U.S. based 2008 military data by gender, age, education, race/ethnicity, and marital status.
**Estimates for DoD Services (Army, Navy, Marine Corps, and Air Force) did not differ significantly from All Services (DoD Services plus Coast Guard).

Heavy alcohol use = 5 or more drinks per occasion at least once a week in past 30 days for DoD, 5 or more drinks per occasion 5 or more times in past 30 days for Civilians.

Source: Tables 3.2.14, 3.4.2. Heavy Alcohol Use, Past 30 Days, Q21-Q29, and Q35-Q37; Any Smoking, Q54, Q56

HRB: Comparison of Service Member and Civilian Illicit Drug Use (2008)



*Statistically significant from Civilian at .05 level. Civilian data are from 2007 National Survey on Drug Use and Health and were standardized to the U.S. based 2008 military data by gender, age, education, race/ethnicity, and marital status.
**Estimates for DoD Services (Army, Navy, Marine Corps, and Air Force) did not differ significantly from All Services (DoD Services plus Coast Guard).
+ = estimate suppressed.
Any Illicit Drug Use Including Prescription Drug Misuse = use of marijuana, cocaine (including crack), hallucinogens (PCP/LSD/MDMA), heroin, methamphetamine, inhalants, GHB/GBL, or non-medical use of prescription-type amphetamines/stimulants, tranquilizers/muscle relaxers, barbiturates/sedatives, or pain relievers.
Any Illicit Drug Use Excluding Prescription Drug Misuse = use of marijuana, cocaine (including crack), hallucinogens (PCP/LSD/MDMA), heroin, inhalants, or GHB/GBL.
Source: Tables 3.3.4, 3.3.5. Any Illicit Drug Use Including Prescription Drug Misuse: Past 30 Days, Q81-Q83, Q86a-d, Q87a-d, and Q88a-d; Any Illicit Drug Use Excluding Prescription Drug Misuse: Past 30 Days, Q81a-f, h-j, Q82a-f, h-j, and Q83a-f, h-j.

HRB: Stress Coping Behaviors (by Gender, 2008)

Coping Behavior	Males (%)	Females (%)
Think of plan to solve problem	78.5	83.6*
Talk to friend/family member	71.3	85.8*
Exercise or play sports	63.1	63.5
Engage in a hobby	64.3	58.6*
Say a prayer	46.7	67.6*
Have a drink	34.5	25.2*
Get something to eat	45.7	56.2*
Light up a cigarette	28.6	21.0*

*Difference between males and females is significant at .05 level
**Indicated that they "frequently" or "sometimes" engages in the indicated coping behavior when they feel pressured, stressed, depressed, or anxious
***Estimates for DoD Services (Army, Navy, Marine Corps, and Air Force) did not differ significantly from All Services (DoD Services plus Coast Guard).

Source: Table 4.14. Coping Behavior, Q114.

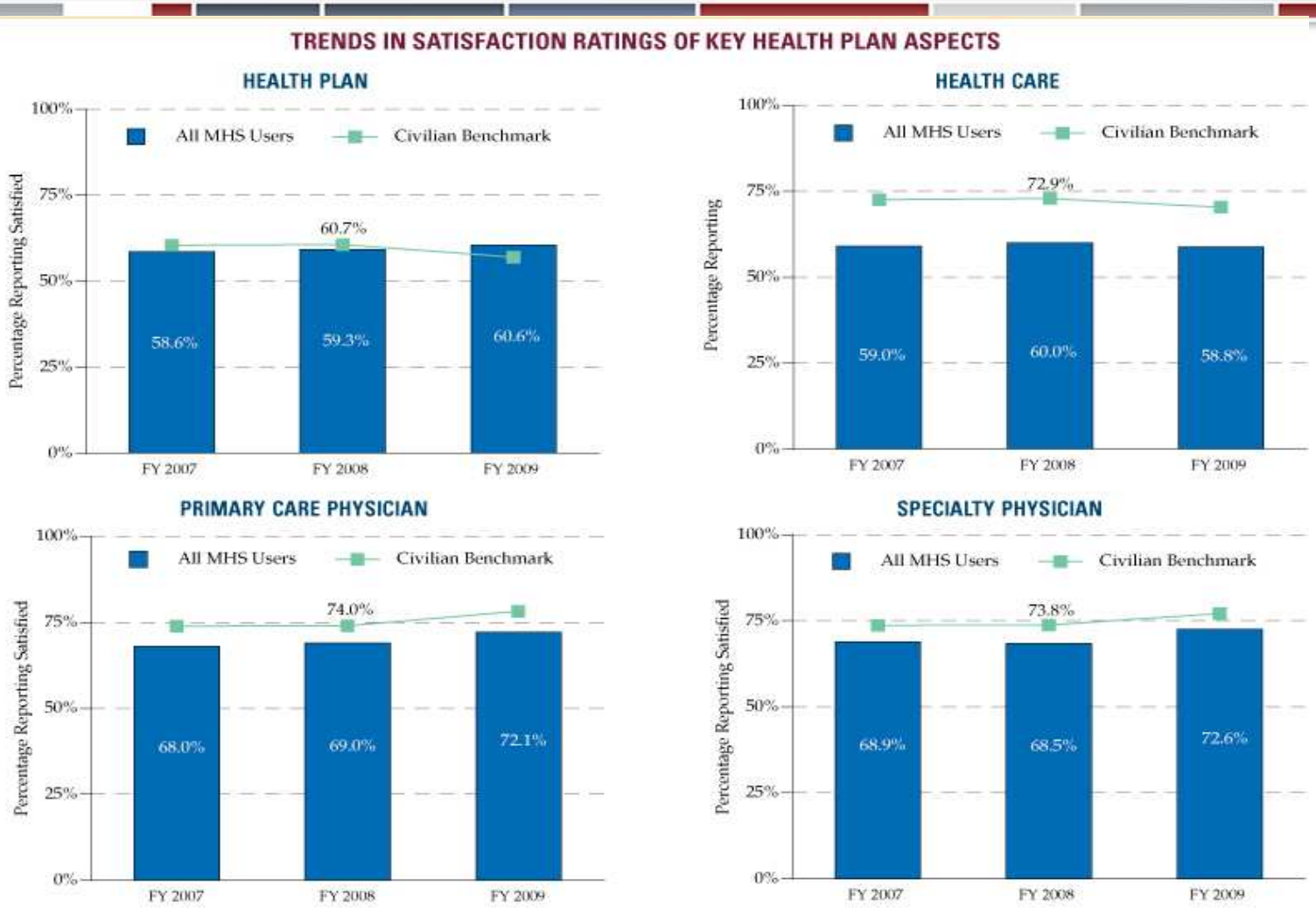
What Do Our Beneficiaries Tell Us About How they Rate Their Experience with the MHS Overall?

Are Our Ratings Improving Over Time?

How Do These Ratings Compare to Civilians Rating Their Health Care?

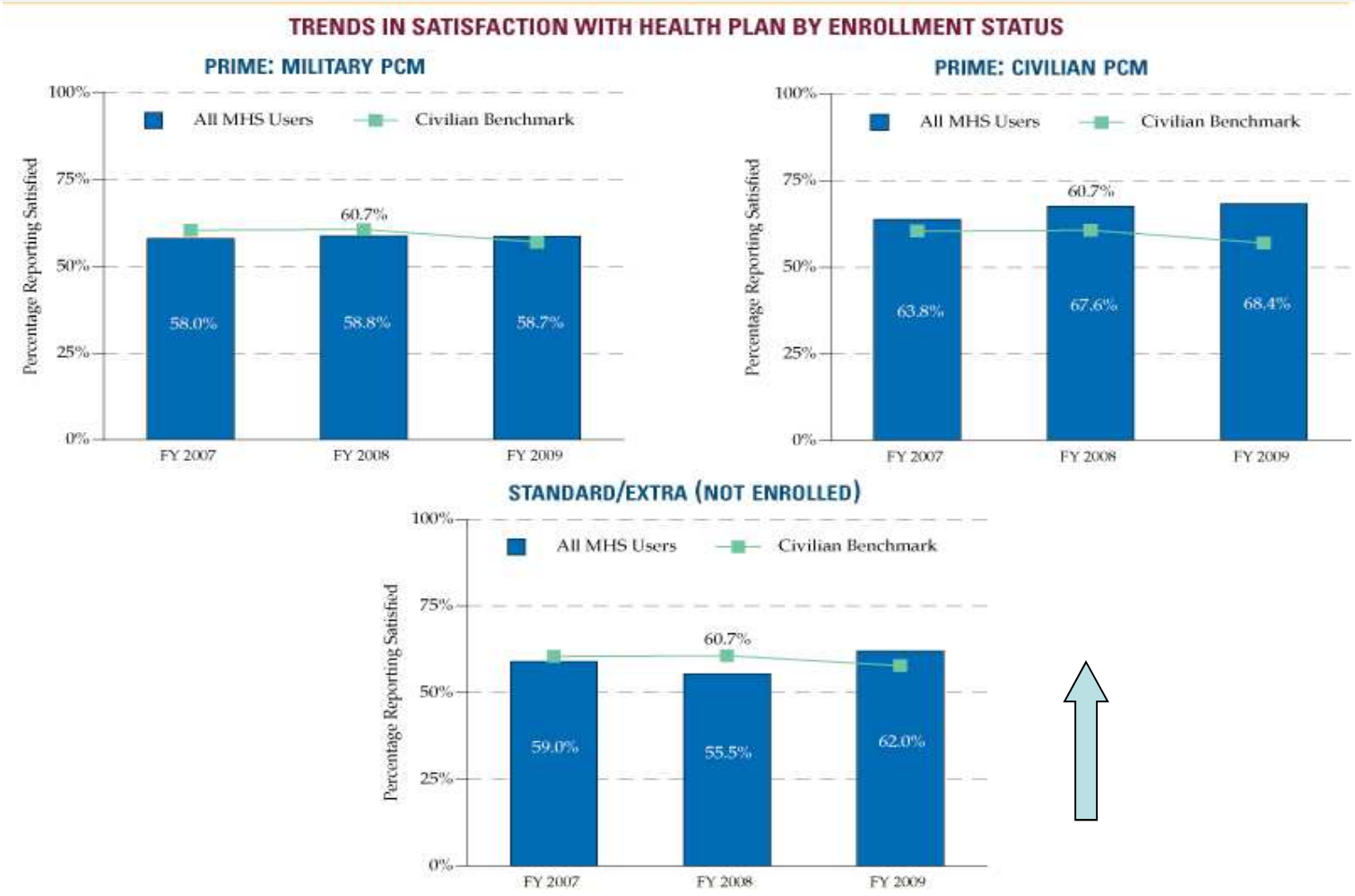
Customer Reported Experience and Satisfaction with Key Aspects of TRICARE

- Satisfaction with the overall TRICARE *plan* improved between FY 2007 and FY 2009.
- Satisfaction with health *care* remained stable during this three-year period, while satisfaction with one's personal or specialty physician improved.
- Satisfaction rates continue to lag civilian benchmarks, EXCEPT *Plan*.



Note: DoD data were derived from the FYs 2007–2009 Health Care Survey of DoD Beneficiaries (HCSDB), as of 12/11/09, and adjusted for age and health status. Ratings are on a 0–10 scale, with "Satisfied" defined as a rating of 8 or better. "All MHS Users" applies to survey respondents in the 50 United States. See Appendix (Methods and Data Sources) for more detailed discussion of the HCSDB methodology. Civilian benchmark is obtained from the National CAHPS Benchmarking Database. FY 2007 and FY 2008 results are based on questions taken from the CAHPS Version 3.0 Questionnaire and compared with the 2006 National CAHPS Benchmarking Database (NCDB), whereas FY 2009 results are based on questions from the CAHPS Version 4.0 Questionnaire and compared to the 2008 NCBD, the latest benchmark data available.

Satisfaction with the Health Plan Based on Enrollment Status



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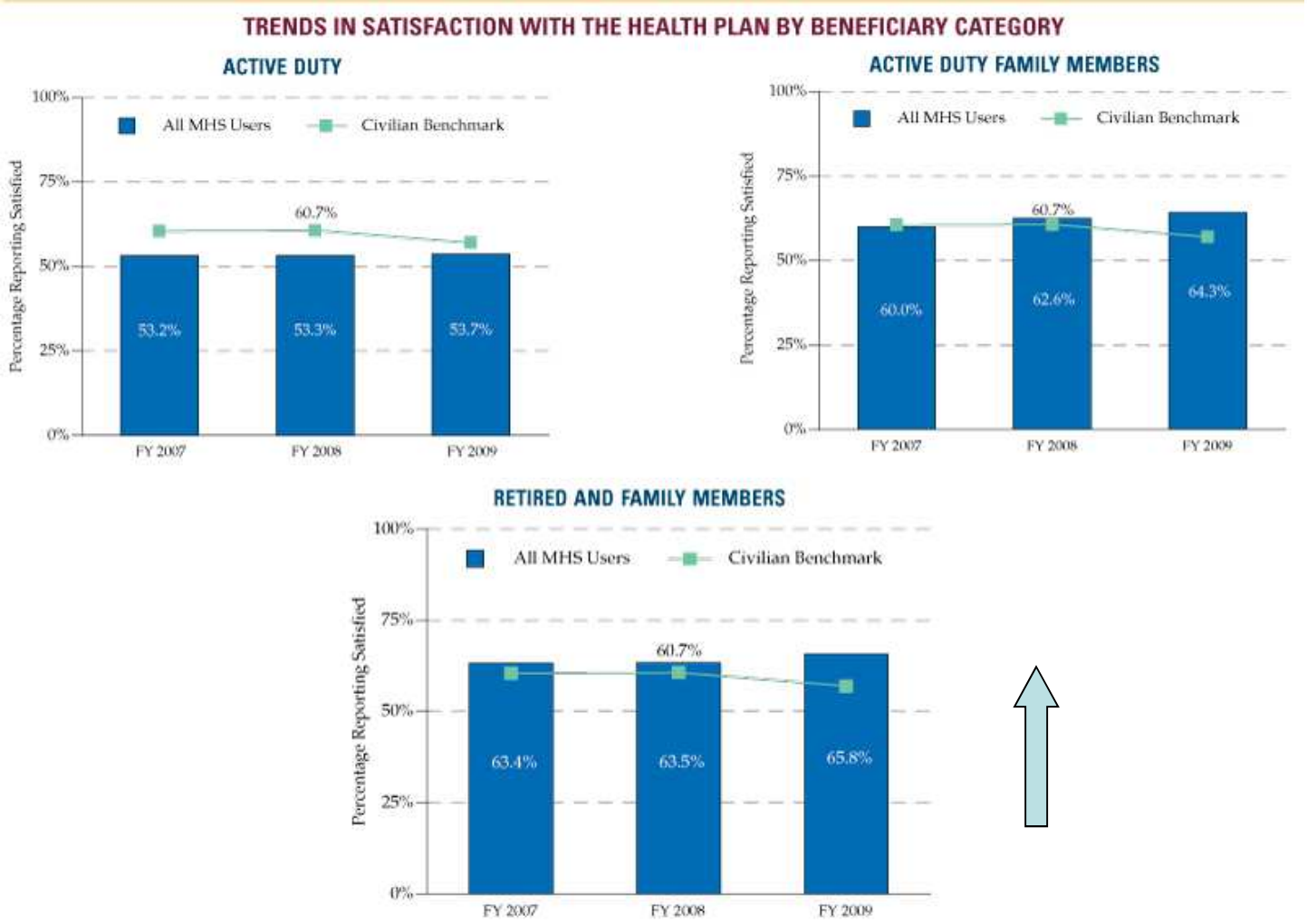
Satisfaction with the Health Plan By Beneficiary Category



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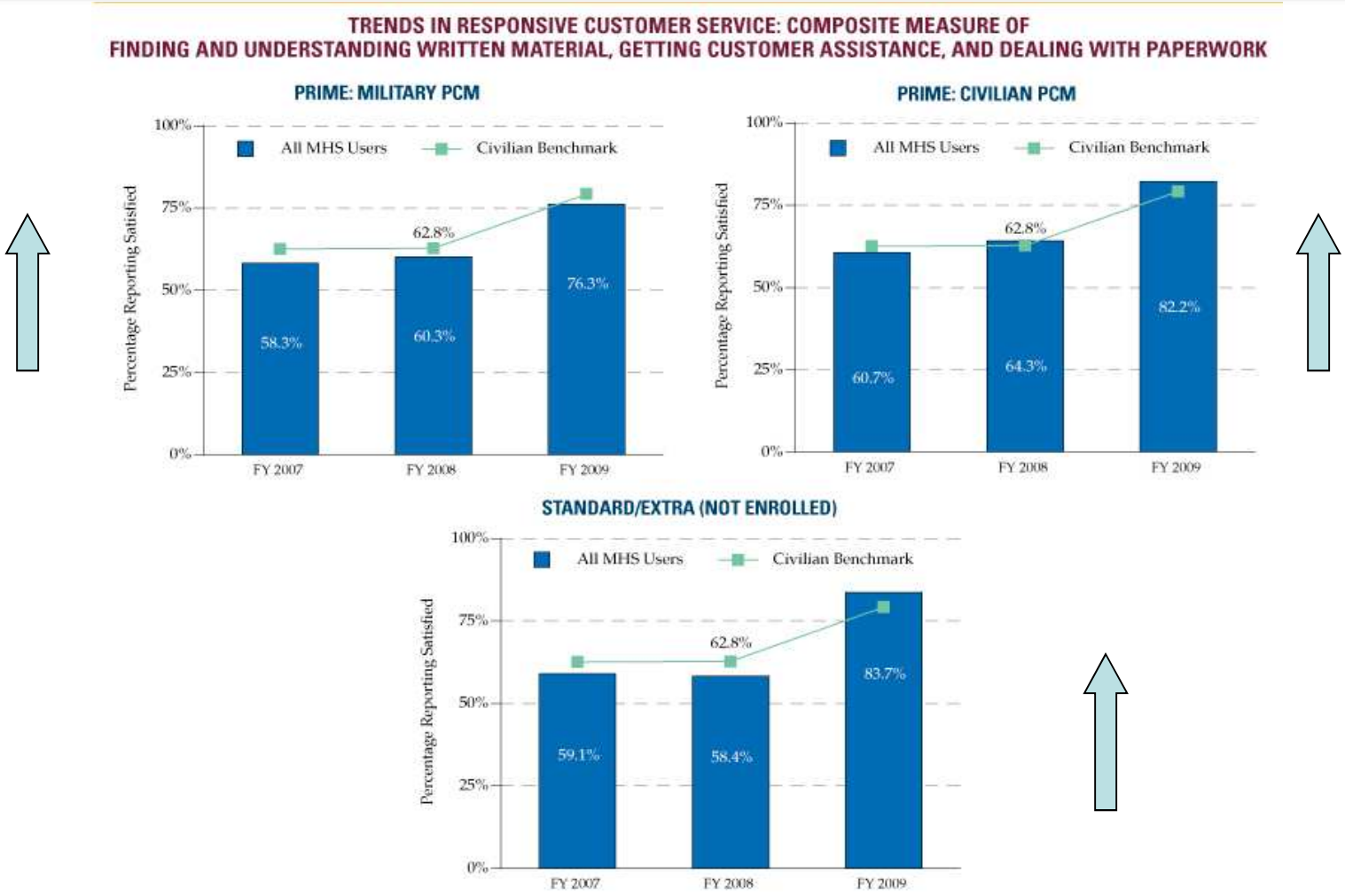
Responsive Customer Service: Written Material, Customer Assistance, Paperwork

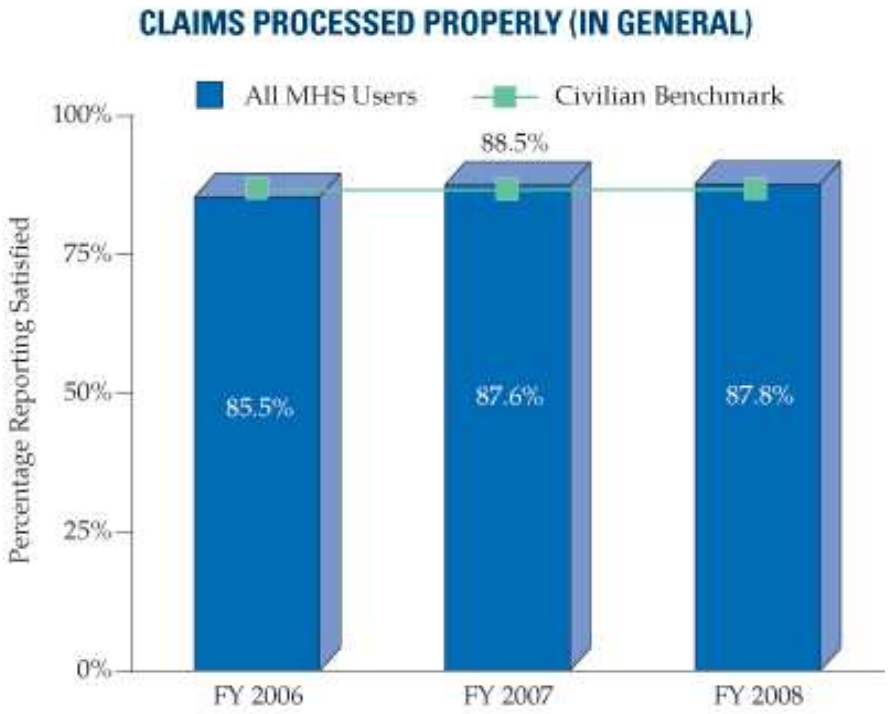


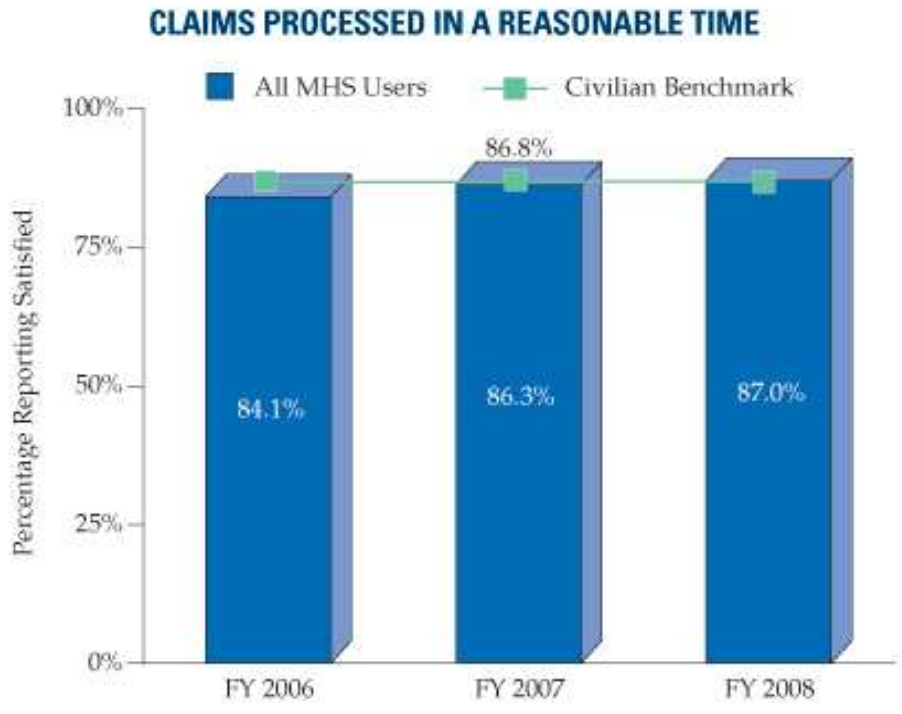
Note: DoD data were derived from the FYs 2007–2009 Health Care Survey of DoD Beneficiaries (HCSDB), as of 12/11/09, and adjusted for age and health status. Satisfaction ratings are based on the percentage rating "not a problem." "All MHS Users" applies to survey respondents in the 50 United States. See Appendix (Methods and Data Sources) for more detailed discussion of the HCSDB methodology. Civilian benchmark is obtained from the National CAHPS Benchmarking Database. FY 2007 and FY 2008 results are based on questions taken from the CAHPS Version 3.0 Questionnaire and compared with the 2006 National CAHPS Benchmarking Database (NCDB), whereas FY 2009 results are based on questions from the CAHPS Version 4.0 Questionnaire and compared to the 2008 NCBD, the latest benchmark data available.

Responsive Customer Service: Accurate & Timely Claims Processing

Beneficiary Perceptions of Claims Filing Process

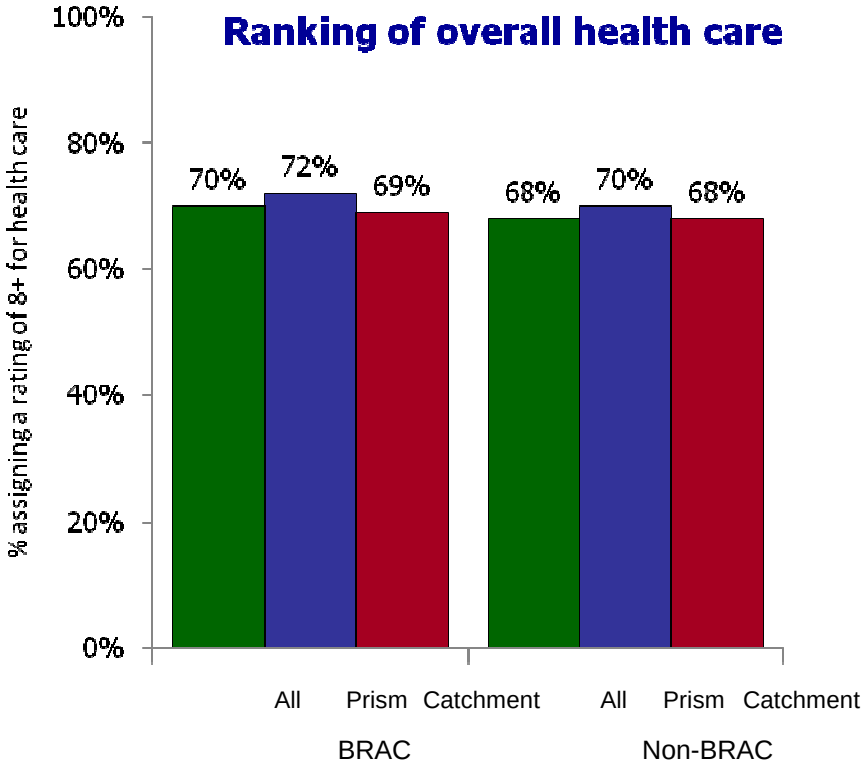
TRENDS IN SELF-REPORTED ASPECTS OF CLAIMS PROCESSING (ALL SOURCES OF CARE)

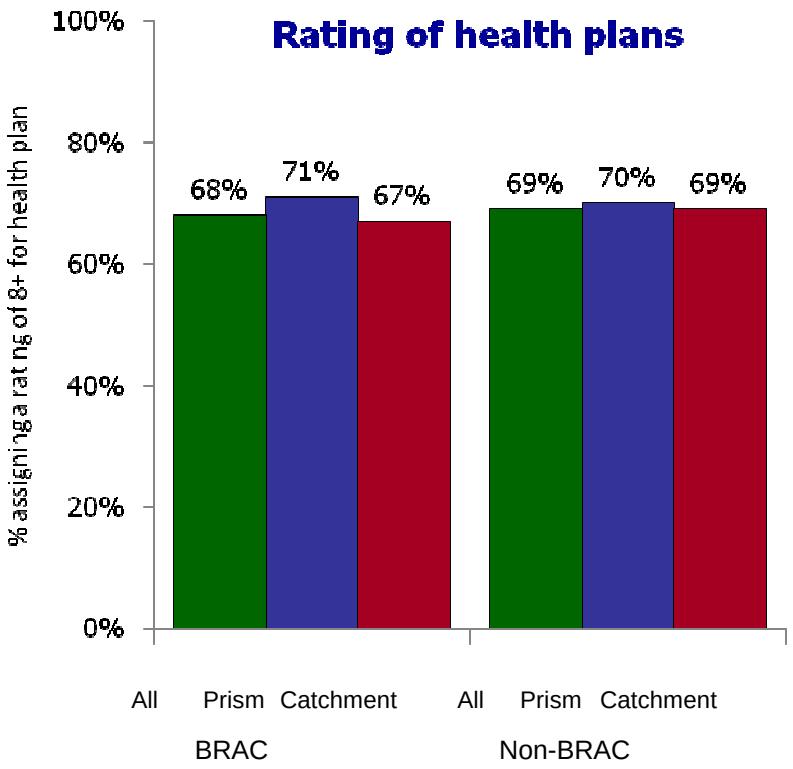




Note: DoD data were derived from the FYs 2006–2008 Health Care Survey of DoD Beneficiaries (HCSDB) as of 12/02/08 and adjusted for age and health status. Ratings are on a 0–10 scale, with "Satisfied" defined as a rating of 8 or better. Civilian benchmark is obtained from the National CAHPS Benchmarking Database. "All MHS Users" applies to survey respondents in the 50 United States. See Appendix (Methods and Data Sources) for more detailed discussion of the HCSDB methodology.

How Will Our Beneficiaries be Affected by BRAC? Comparing BRAC vs. Non-BRAC Locations on Health Care & Plan



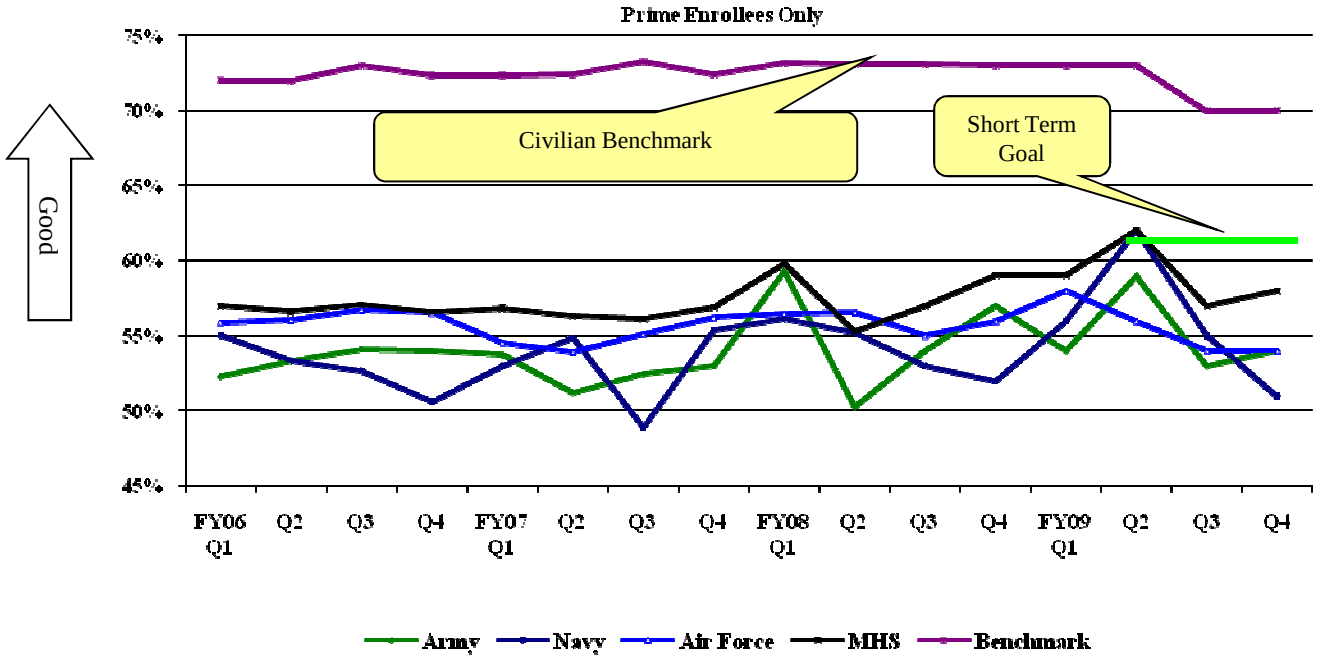


Beneficiaries in BRAC clinic (20-mile) and hospital (40-mile) areas reported similar levels of satisfaction with overall health care and health plan as beneficiaries in non-BRAC sites.

*Significant difference between BRAC & non-BRAC at p< 0.05
Source: 2008 BRAC data are from the 2008 BRAC Survey; 2008 non-BRAC data are from the 2008 Q1Q2 HCSDB.

Advising Senior MHS & DoD Leadership on Beneficiary Access and Satisfaction

Quarterly Monitoring of the MHS: Strategic Metric: Satisfaction with Health Care



Measure Advocate:
Rich Bannick, Ph.D.

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: None

Assessment Criteria:

R ≤ 45%

Y >45%, <60%

G ≥ 60%

Status

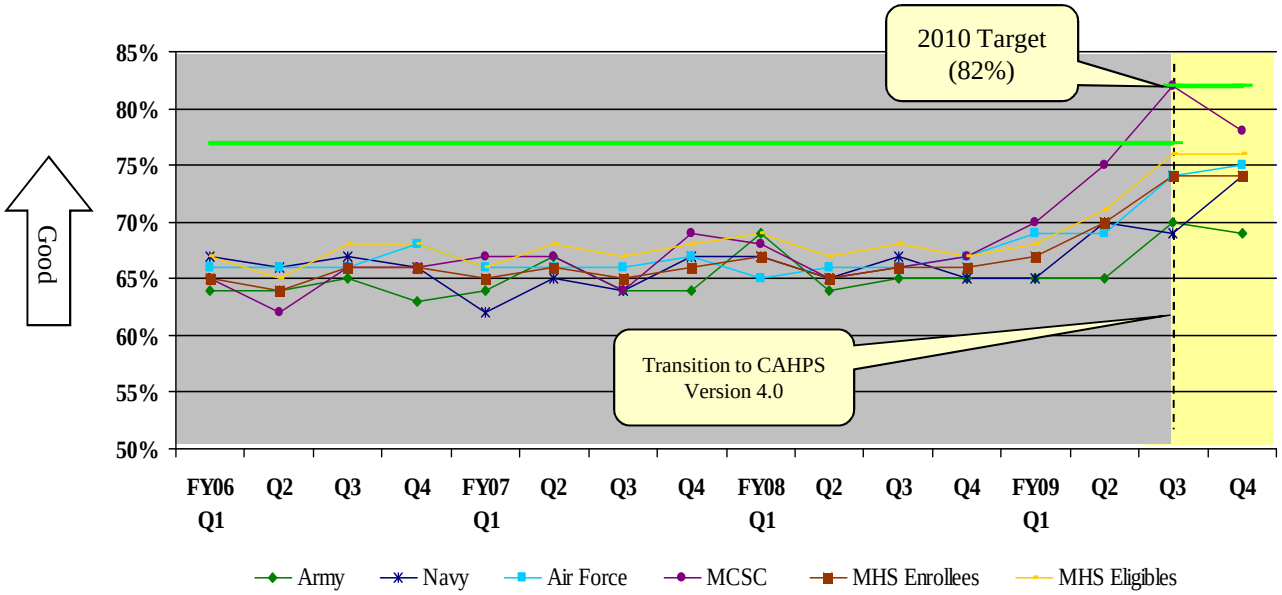
	FY08 Q2	FY08 Q3	FY08 Q4	FY09 Q1	FY09 Q2	FY09 Q3 (CAHPS 4.0)	FY09 Q4 (CAHPS 4.0)	FY09 Goal
Army MTF Prime Enrollees (+/- ~ 6%)	50% (1,260)	54% (1,163)	57% (1,163)	54% (720)	59% (686)	53% (1,158)	54% (1,086)	
Navy MTF Prime Enrolless (+/-~ 5%)	55% (1,442)	53% (1,363)	52% (1,403)	56% (856)	62% (840)	55%(1,431)	51% (1,465)	
Air Force MTF Prime Enrolless (+/-~ 3%)	57% (2,488)	55% (2,429)	56% (2,454)	58% (1,481)	56% (1,492)	54% (2,559)	54% (2,447)	
MCSC Prime Enrollees (+/-~ 5%)	65% (555)	69% (535)	71% (561)	70% (380)	71% (398)	68% (718)	70% (707)	
MHS Prime Enrollees (+/-~ 2%)	55% (5,534)	57% (5,146)	59% (5,309)	59% (3,257)	62% (3,294)	57% (5,782)	58% (5,570)	
MHS Eligible (Prime + S/E) (+/-~ 2%)	58% (6,325)	60% (5,945)	60% (6,085)	61% (3,660)	64% (3,768)	60% (7,823)	60% (6,594)	70%

What are we measuring?: Measures beneficiaries answers to question: "Using 0 to 10, where 0 is the worst possible and 10 is the best, how would you rate all your health care?" Responses of 8, 9, or 10 indicate patient satisfaction. Benchmark comes from Consumer Assessment of Health Plans Study (CAHPS) (average of 250 health plans).

Why is it important?: This measures provides insight into beneficiary perceptions regarding health care satisfaction.

What does our performance tell us?: As a mark of progress toward the civilian benchmark, we have a short term goal of 60%. While the MHS is close to its short term goal, more work still needs to be done to reach the civilian benchmark.

Strategic Metric: Access to Care
Getting Needed Care



Measure Advocate:
Dr. Rich Bannick
TMA-HPA&E; (703) 681-3636

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: None

2010 Assessment Criteria:

R < 78 % Status

Y 78% - 82%

G > 82%

Out Year Targets:
2012 (83%)
2014 (84%)

US Rate by Quarter (Percent With Little or no Problem)									
CAHPS Question	4Q07	1Q08	2Q08	3Q08	4Q08	1Q09	2Q09	3Q09 (CAHPS 4.0)	4Q09 (CAHPS 4.0)
Getting Personal MD or RN *	55% (6,339)	56% (6,030)	49% (6,479)	54% (6,243)	54% (6,416)	53% (3,909)	58% (4,077)	NA	NA
Getting to See Specialist	63% (3,678)	63% (3,598)	61% (4,083)	63% (3,703)	61% (3,816)	62% (2,320)	66% (2,341)	72% (4,195)	71% (4,187)
Getting Necessary Tests/Treatment	74% (4,997)	74% (4,716)	75% (5,306)	74% (4,933)	72% (5,087)	75% (2,977)	76% (3,077)	81% (5,253)	81% (5,284)
Delays While Awaiting Approval *	80% (5,905)	82% (5,595)	83% (6,269)	82% (5,948)	83% (6,077)	84% (3,686)	84% (3,764)	NA	NA

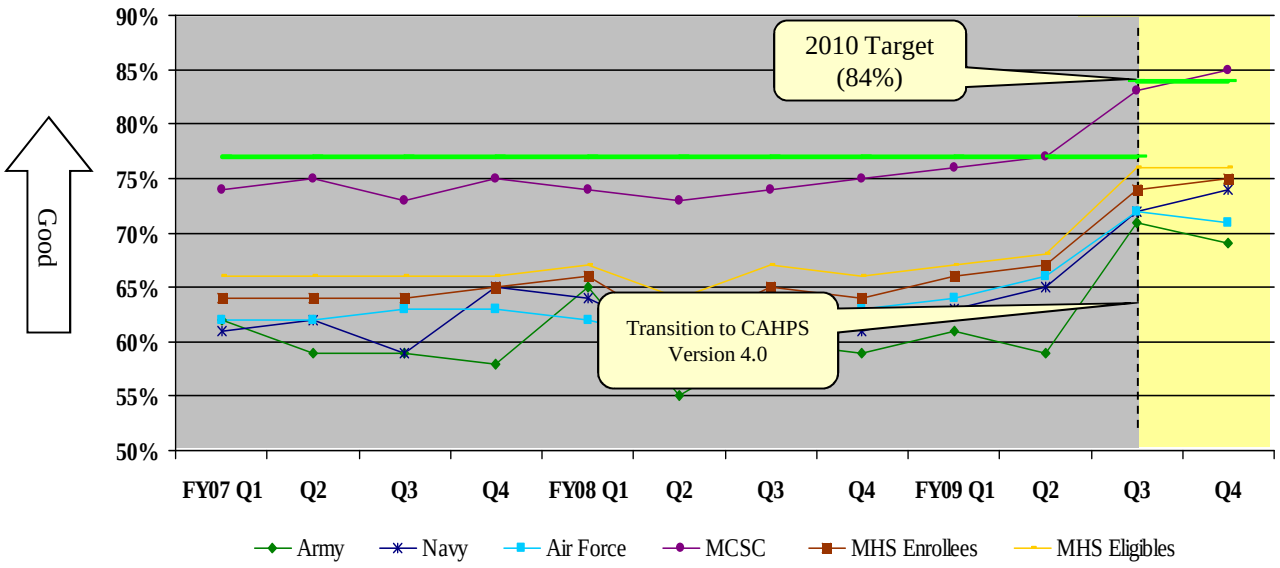
* Questions no longer asked on CAHPS 4.0 survey.

What are we measuring?: Measure is a composite of 2 questions from Consumer Assessment of Health Plans Study **(**CAHPS Version 4.0): (1) In the last 12 months, how often was it easy: a) to see a specialist that you needed to see, or b) to get the care, tests or treatment you or a doctor believed necessary? Measure transitions from Version 3.0 (4 questions) to Version 4.0 in Q4 FY09.

Why is it important?: This measures provides insight into beneficiary perceptions regarding ability to get needed care. If the percentage is low, managers can take action to pinpoint and resolve wherever the problems are.

What does our performance tell us?:. The lowest measure in the set is problems in getting to see specialists. 95% confidence interval for TRICARE users are 2%, for Air Force and Prime, enrollees +/-2%; for Army, Navy, MCSC they are +/-4%.

Strategic Metric: Access to Care
Getting Timely Care



Measure Advocate:
Dr. Rich Bannick
TMA-HPA&E; (703) 681-3636

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: None

2010 Assessment Criteria:

R < 80 % Status

Y 80% - 84%

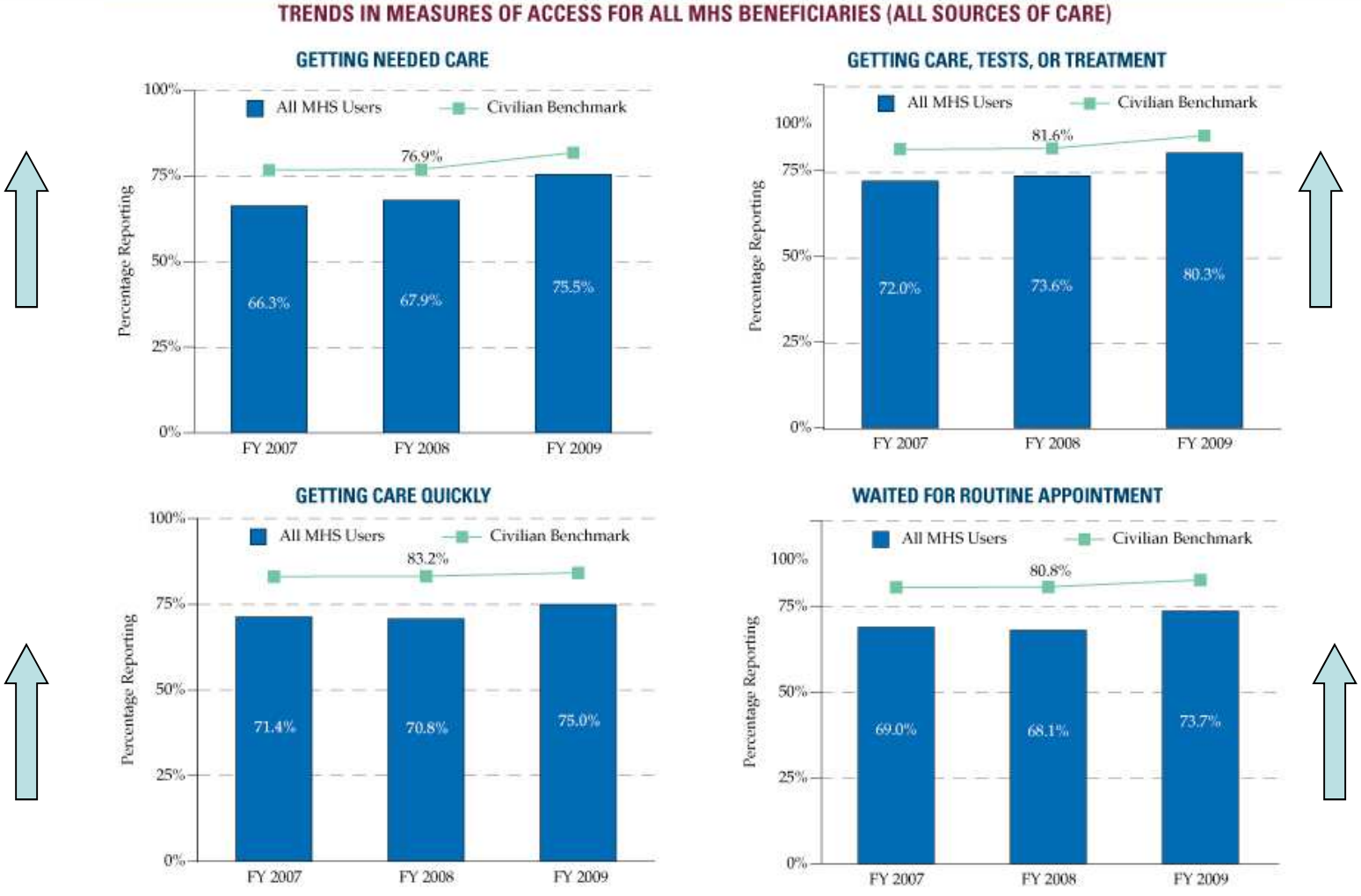
G > 84%

U.S. Rate by Quarter (Percent With Little or No Problem)							
CAHPS Question	2Q FY08	3Q FY08	4Q FY08	1Q FY09	2Q FY09	3Q FY09 (CAHPS 4.0)	4Q FY09 (CAHPS 4.0)
Help on Telephone	69% (4,520)	74% (4,053)	71% (3,891)	74% (2,478)	74% (2,483)		
Routine Appointments	66% (6,415)	70% (5,751)	66% (5,646)	70% (3,507)	71% (3,517)	75% (6,326)	75% (6,281)
Urgent Care	71% (3,377)	75% (3,085)	74% (2,927)	73% (1,895)	75% (1,907)	78% (3,210)	78% (3,147)
Wait in Doctors Office	49% (6,739	51% (6,185)	52% (6,065)	52% 3,770)	53% (3,758)		

Out Year Targets:
2012 (85%)
2014 (86%)

What are we measuring?: Measure is a composite of 2 questions from Consumer Assessment of Health Plans Study (CAHPS Version 4.0): (1) In the last 12 months, how often a) when you needed care right away , could you get it as soon as you wanted, or b) when you didn't need care right away, could you get an appointment as soon as you wanted? Measure transitions from Version 3.0 (4 questions) to Version 4.0 in Q4 FY09.
Why is it important?: This measures provides insight into beneficiary perceptions regarding ability to get care quickly. If the percentage is low, managers can take action to pinpoint and resolve wherever the problems are.
What does our performance tell us?: The lowest measure in the set is problems in getting to see specialists. 95% confidence interval for TRICARE users are 2%, for Air Force and Prime, enrollees +/-2%; for Army, Navy, MCSC they are +/-4%.

Annualized Reported Access: Availability and Ease of Access to Care

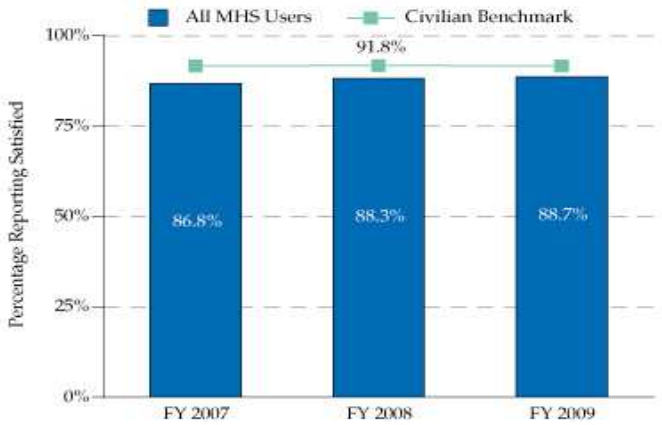


Note: DoD data were derived from the FYs 2006–2008 Health Care Survey of DoD Beneficiaries (HCSDB), as of 12/02/08, and adjusted for age and health status. Reported access ratings for "Got Needed Care" is the percentage rating "not a problem"; "Waited for a Routine Appointment" and "Waited less than 15 Minutes to See a Doctor" are based on the the percentage rating either a "usually" or "always." Civilian benchmark is obtained from the National CAHPS Benchmarking Database. "All MHS Users" applies to survey respondents in the 50 United States. See Appendix (Methods and Data Sources) for more detailed discussion of the HCSDB methodology.

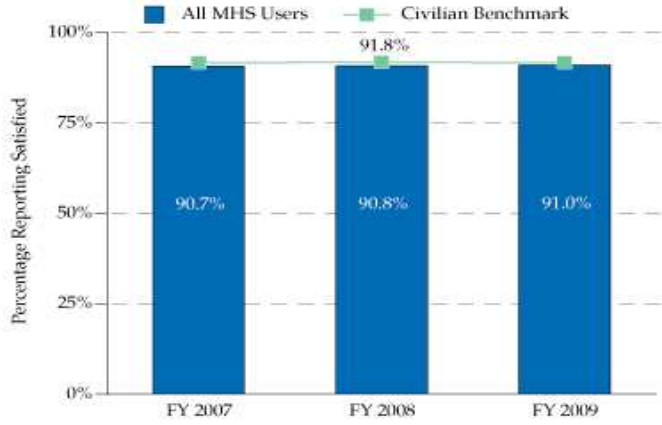
Access to MHS Care: Doctors' Communications

TRENDS IN SATISFACTION WITH DOCTORS' COMMUNICATION

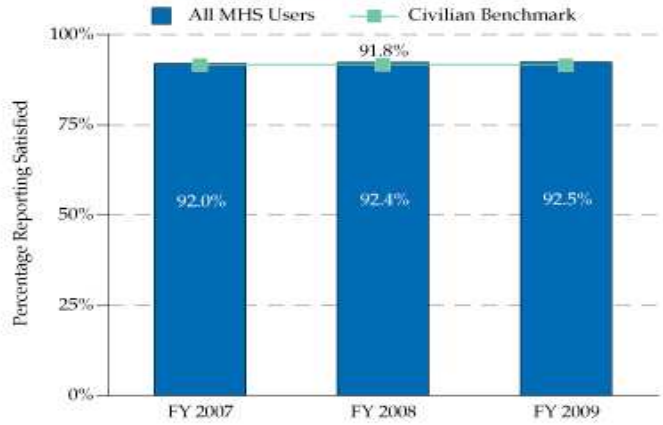
PRIME–MILITARY PCM



PRIME–CIVILIAN PCM



STANDARD/EXTRA (NOT ENROLLED)



Note: DoD data were derived from the FYs 2007–2009 Health Care Survey of DoD Beneficiaries (HCSDB), as of 12/11/09, and adjusted for age and health status. Ratings are based on the percentage reporting "usually" or "always." "All MHS Users" applies to survey respondents in the 50 United States. See Appendix (Methods and Data Sources) for more detailed discussion of the HCSDB methodology. Civilian benchmark is obtained from the National CAHPS Benchmarking Database. FY 2007 and FY 2008 results are based on questions taken from the CAHPS Version 3.0 Questionnaire and compared with the 2006 National CAHPS Benchmarking Database (NCDB), whereas FY 2009 results are based on questions from the CAHPS Version 4.0 Questionnaire and compared to the 2008 NCBD, the latest benchmark data available.

What do Reservists Who are Enrolled in TRS Tell Us about their MHS Experience Compared to Non-Enrolled Select Reserves?

	TRS Enrollees' Satisfaction Compared to:		
Care Experiences	**Eligible SelRes Non-enrollees**	**Prime**	**Standard/ Extra**
Getting needed care	No diff.	Higher	Higher
No problem finding personal doctor	No diff.	Higher	No diff.
No problem seeing specialist	No diff.	Higher	No diff.
Getting urgent care			
Getting care right away when needed	Higher	Higher	No diff.
Routine care	No diff.	Higher	No diff.
<15 minute wait for exam room	No diff.	Higher	No diff.
Doctors and medical care			
Doctors communicate well	Higher	Higher	No diff.
Rating of 8+ for personal doctor	No diff.	Higher	No diff.
Rating of 8+ for health care	Higher	Higher	No diff.
Helpful office staff	No diff.	Higher	No diff.
Health plan (Rating of 8+ for health plan)	Higher	Lower	No diff.

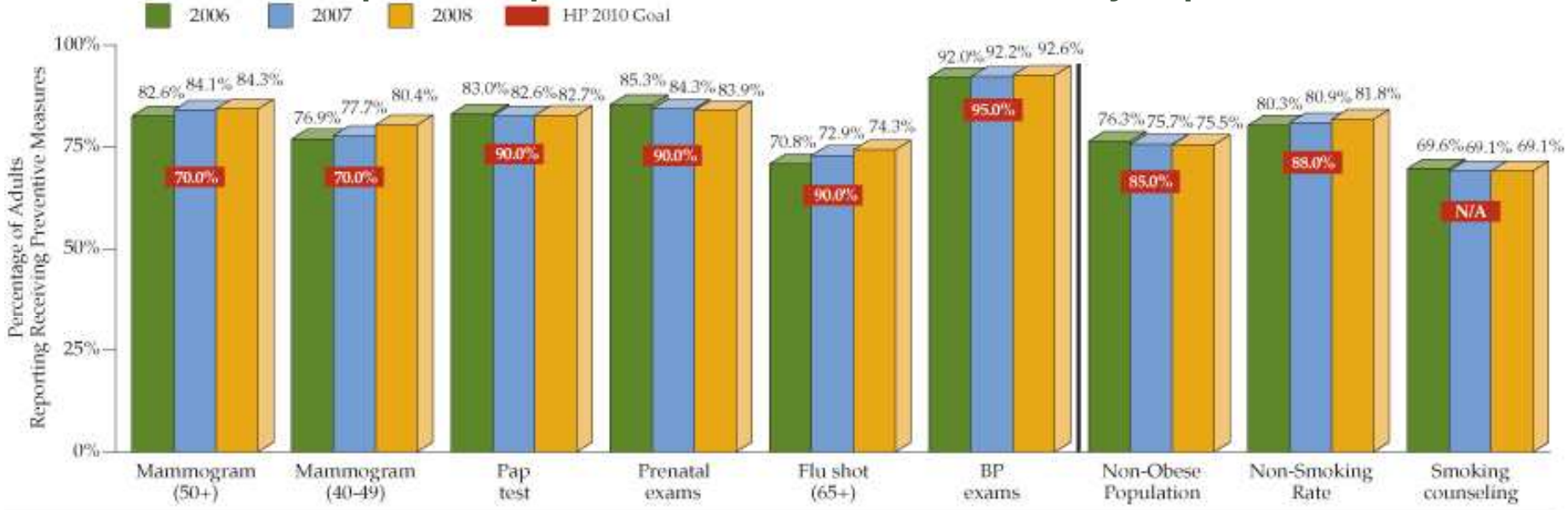
Source: Data were derived from the 2008 HCSDB and adjusted for age and health status. Significant at $p<.05$.

Their experience in 2008 was equal to, or better, than their SelRes peers

How Are We Doing Providing Preventive Services?

TRENDS IN MEETING PREVENTIVE CARE STANDARDS, FY 2006 TO FY 2008

Customer-Reported Experience and Satisfaction with Key Aspects of TRICARE



Source: Health Care Survey of DoD Beneficiaries and the National CAHPS Benchmarking Database as of 12/02/2008

MHS-TARGETED PREVENTIVE CARE OBJECTIVES

Mammogram: Women age 50 or older who had mammogram in past year; women age 40–49 who had mammogram in past two years.

Pap test: All women who had a Pap test in last three years.

Prenatal: Women pregnant in last year who received care in first trimester.

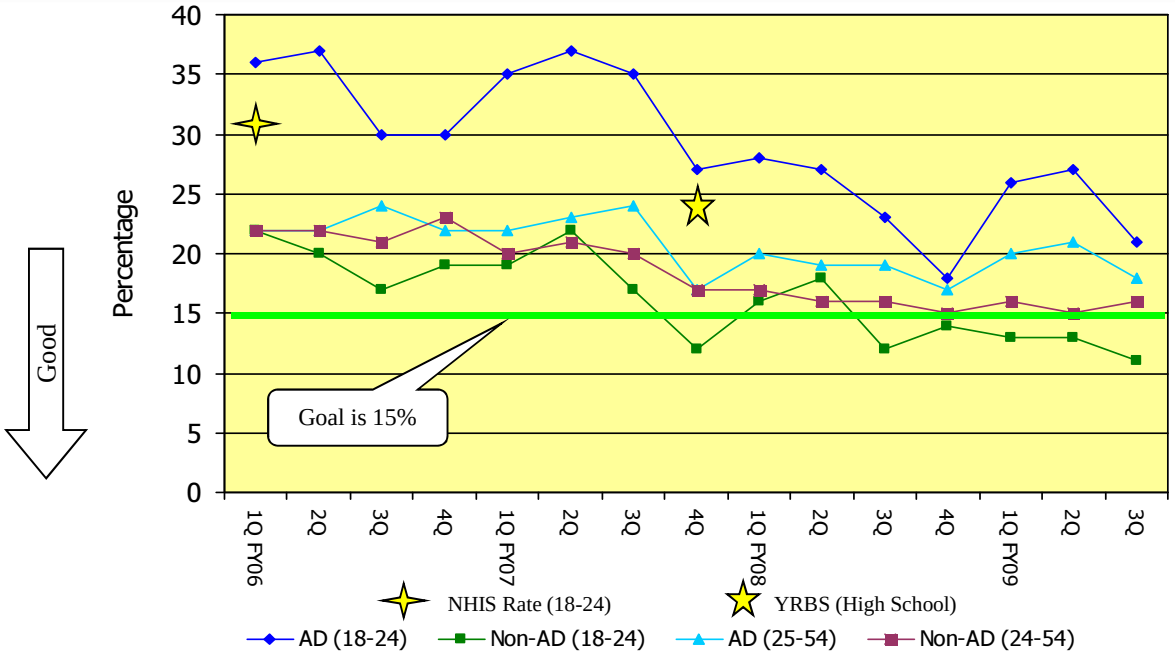
Flu shot: People 65 and older who had a flu shot in last 12 months.

Blood Pressure test: People who had a blood pressure check in last two years and know results.

Non-Obese: Obesity is measured using the Body Mass Index (BMI), which is calculated from self-reported data from the Health Care Survey of DoD Beneficiaries. An individual's BMI is calculated using height and weight (BMI = 703 times weight in pounds, divided by height in inches squared.) While BMI is a risk measure, it does not measure actual body fat; as such, it provides a preliminary indicator of possible excess weight, which in turn, provides a preliminary indicator of risk associated with excess weight. It should therefore be used in conjunction with other assessments of overall health and body fat.

Smoking cessation counseling: People advised to quit smoking in last 12 months.

Strategic Metric:
MHS Cigarette Use Rate



Measure Advocate:
COL John Kugler
TMA-OCMO: (703) 681-0064

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: None

Assessment Criteria:

R > 25 %

Y 15 - 25%

G ≤ 15%

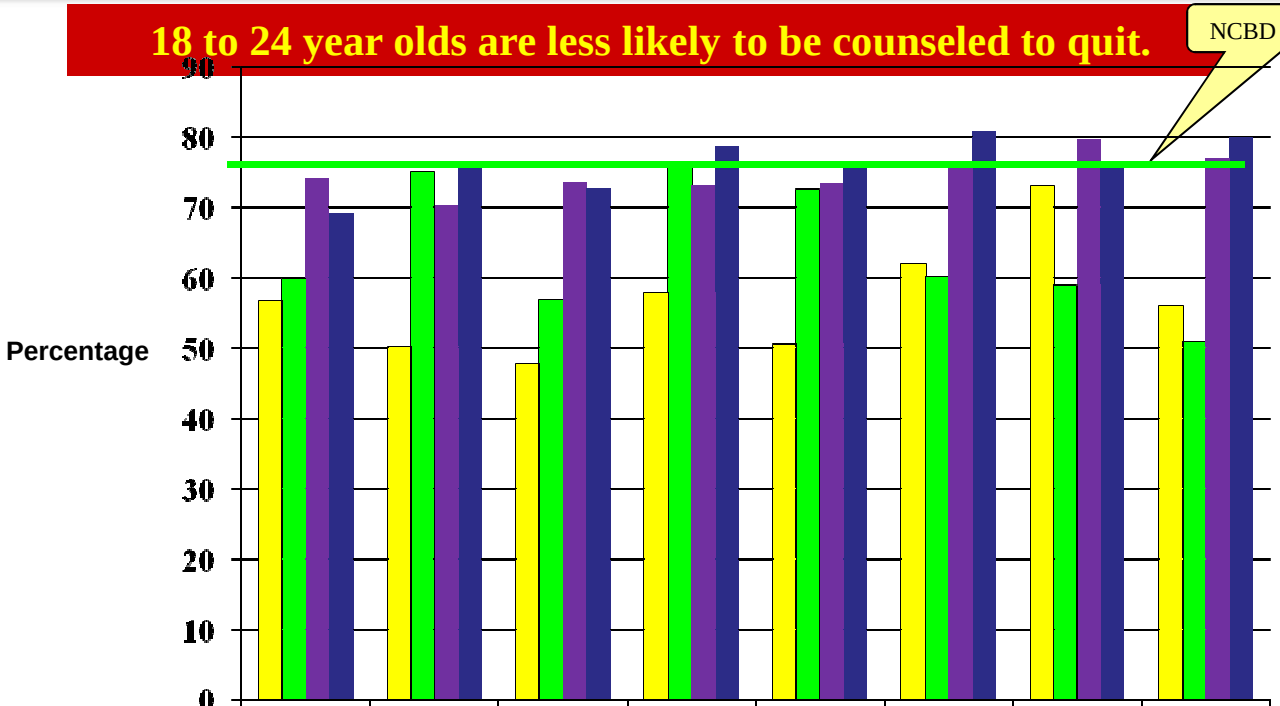
Status

Current DoD Initiatives:
1) Parity pricing in PX/BX systems
2) Anti-tobacco marketing campaign
3) DoD advisory panel report on best practices to assist smoking cessation
4) Quit Line Demonstration project and possible CFR benefit change

What are we measuring?: This measures the incidence of tobacco smoking (not smokeless tobacco use) among four categories of MHS beneficiaries. This is survey self-reported data and is therefore subject to recall bias.
Why is it important?: Tobacco smoking among young people aged 18 – 24 is a particular focus of tobacco cessation efforts because difficult-to-change habits can be formed during these years and because young people aged 18 – 24 are generally regarded as the group most vulnerable for habit formation. This measure allows the MHS to assess the success rate of tobacco use cessation programs and other healthy lifestyle / health promotion efforts among specific high risk demographic groups.
What does our performance tell us?: Relative to the other categories, tobacco use among active duty service members aged 18 – 24 remains at very high levels. Tobacco use has not declined significantly over the last three years. **Data from 4th quarter, FY07 to current has been recalculated to conform to CAHPS version 4.0, which dropped requirement to indicate when last smoked.** This gives the appearance of reduced smoking, but that is not the case.

How Is the MHS Doing? MHS Smoking Cessation Counseling Rate

18 to 24 year olds are less likely to be counseled to quit.



	2Q 08	3Q 08	4Q 08	1Q FY09	2Q 09	3Q 09	4Q 09	1Q 09
AD (18-24)	57	50	48	58	51	62	73	56
Non-AD (18-24)	60	75	57	76	73	60	59	51
AD (25-54)	74	70	74	73	73	76	80	77
Non-AD (24-54)	69	76	73	79	76	81	76	80

Advocate: COL John Kugler

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: None

Assessment Criteria:

R < 65 %

Y 65 - 75%

G ≥75%

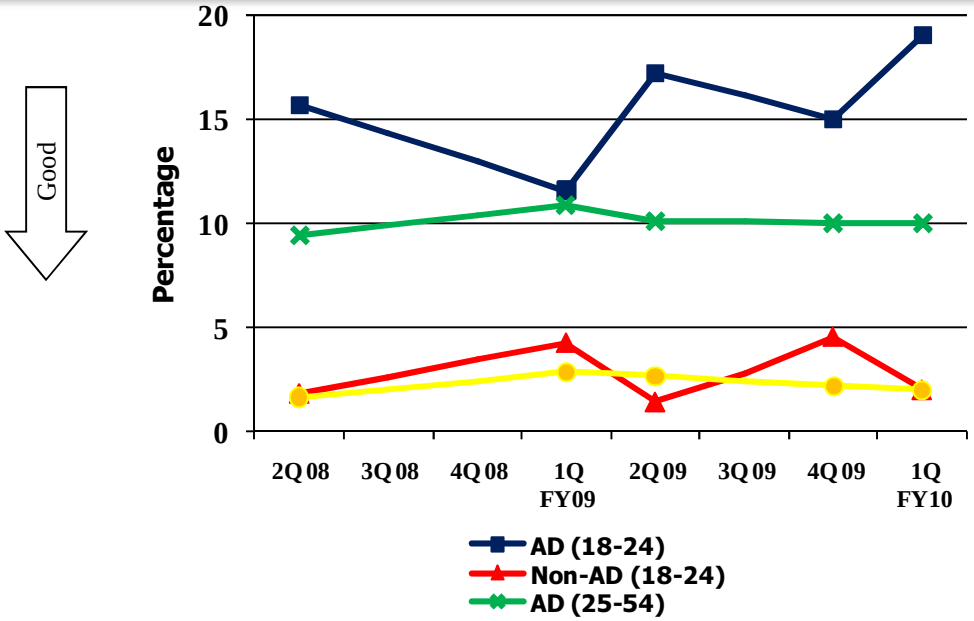
Status

What are we measuring?: This measures the proportion of office visits where smokers are counseled by physicians to quit smoking among four categories of MHS beneficiaries. This is survey self-reported data and is therefore subject to recall bias.

Why is it important?: Tobacco smoking among young people aged 18 – 24 is a particular focus of tobacco cessation efforts because difficult-to-change habits can be formed during these years and because young people aged 18 – 24 are generally regarded as the group most vulnerable for habit formation. This measure allows the MHS to assess the success rate of tobacco use cessation programs and other healthy lifestyle / health promotion efforts among specific high risk demographic groups.

What does our performance tell us? Active duty service members aged 18 – 24 are less likely to be counseled to quit.

How Do We Stay Current on Ever-Changing Beneficiary Behavior: Beneficiary Smokeless Tobacco Use



	2Q 08	1Q FY09	2Q 09	4Q 09	1Q FY10
AD (18-24)	16	12	17	15	19
Non-AD (18-24)	2	4	1	5	2
AD (25-54)	9	11	10	10	10
Non-AD (24-54)	2	3	3	2	2

Measure Advocate:
COL John Kugler

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: None

Assessment Criteria:

Status

R > 15 %

Y 10 - 15%

G ≤ 10%

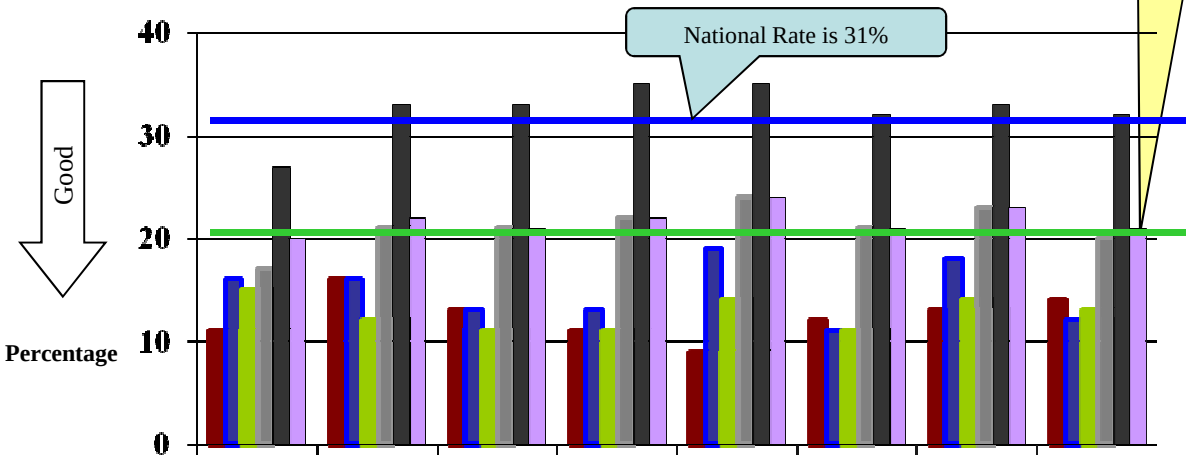
NEW- under development

What are we measuring?: This measures the incidence of smokeless tobacco use among four categories of MHS beneficiaries. This is survey self-reported data and is therefore subject to recall bias.

Why is it important?: Tobacco use among young people aged 18 – 24 is a particular focus of tobacco cessation efforts because difficult-to-change habits can be formed during these years and because young people aged 18 – 24 are generally regarded as the group most vulnerable for habit formation. This measure allows the MHS to assess the success rate of tobacco use cessation programs and other healthy lifestyle / health promotion efforts among specific high risk demographic groups.

What does our performance tell us?: Tobacco use among active duty service members aged 18 – 24 remains at very high levels.

HCSDB- MHS Strategic Metric: MHS Body Mass Index Rate



	1QFY08	2QFY08	3QFY08	4QFY08	1QFY09	2QFY09	3QFY09	4QFY09
AD Navy	11	16	13	11	9	12	13	14
AD Army	16	16	13	13	19	11	18	12
AD AF	15	12	11	11	14	11	14	13
AD Dep	17	21	21	22	24	21	23	20
Ret / Dep	27	33	33	35	35	32	33	32
Overall	20	22	21	22	24	21	23	21

Measure Advocate:
COL John Kugler

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: None

Assessment Criteria:

R > 25 %

Y 20 - 25%

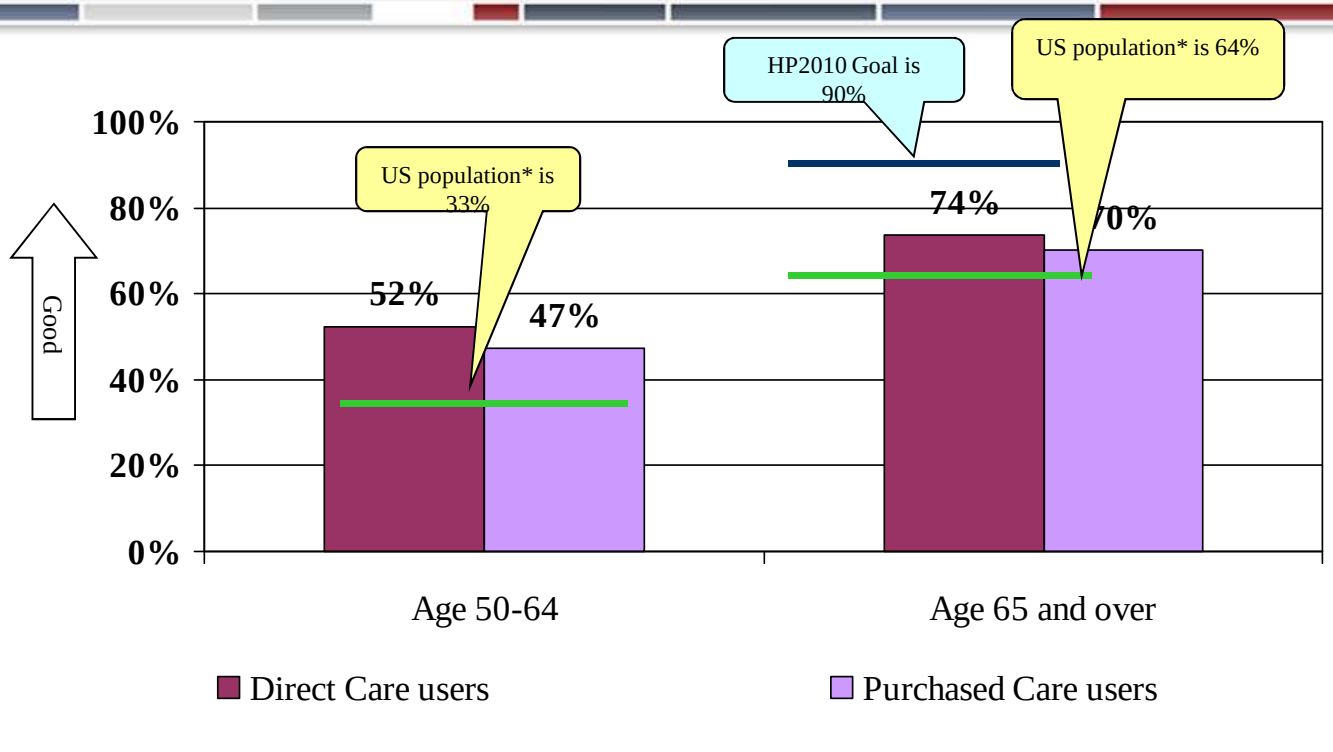
G ≤ 20%

Status

Retirees and dependents are at risk for weight-related disease.

What are we measuring?: This measure displays the percentage of the surveyed population with a BMI of 30 or higher (30 is the threshold value for obesity). The BMI derived from the Health Care Survey of DoD Beneficiaries. Since the data is self-reported, it is subject to recall bias. Scores are adjusted for user characteristics that allow comparison to civilian benchmarks. No objective validation tool is used to verify accuracy of BMI results.
Why is it important?: This measure provides important information about the overall health of DoD beneficiaries. This information can be used by MHS leadership to help promote military initiatives that encourage exercise and healthful nutritional habits. The data can also shape medical interventions, including counseling and other modalities that are effective in maintaining healthy weights for all age groups
What does our performance tell us?: Dependents of active duty, retirees and their dependents represent high risk groups for the morbidities associated with being overweight and obese.

HCSDB- MHS Strategic Metric: Influenza Immunization Rate



Measure Advocate:
COL John Kugler, OCMO

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries Q1 FY 09

Other Reporting: None

Assessment Criteria:

R < 60% Status

Y 60 – 80%

G > 80%

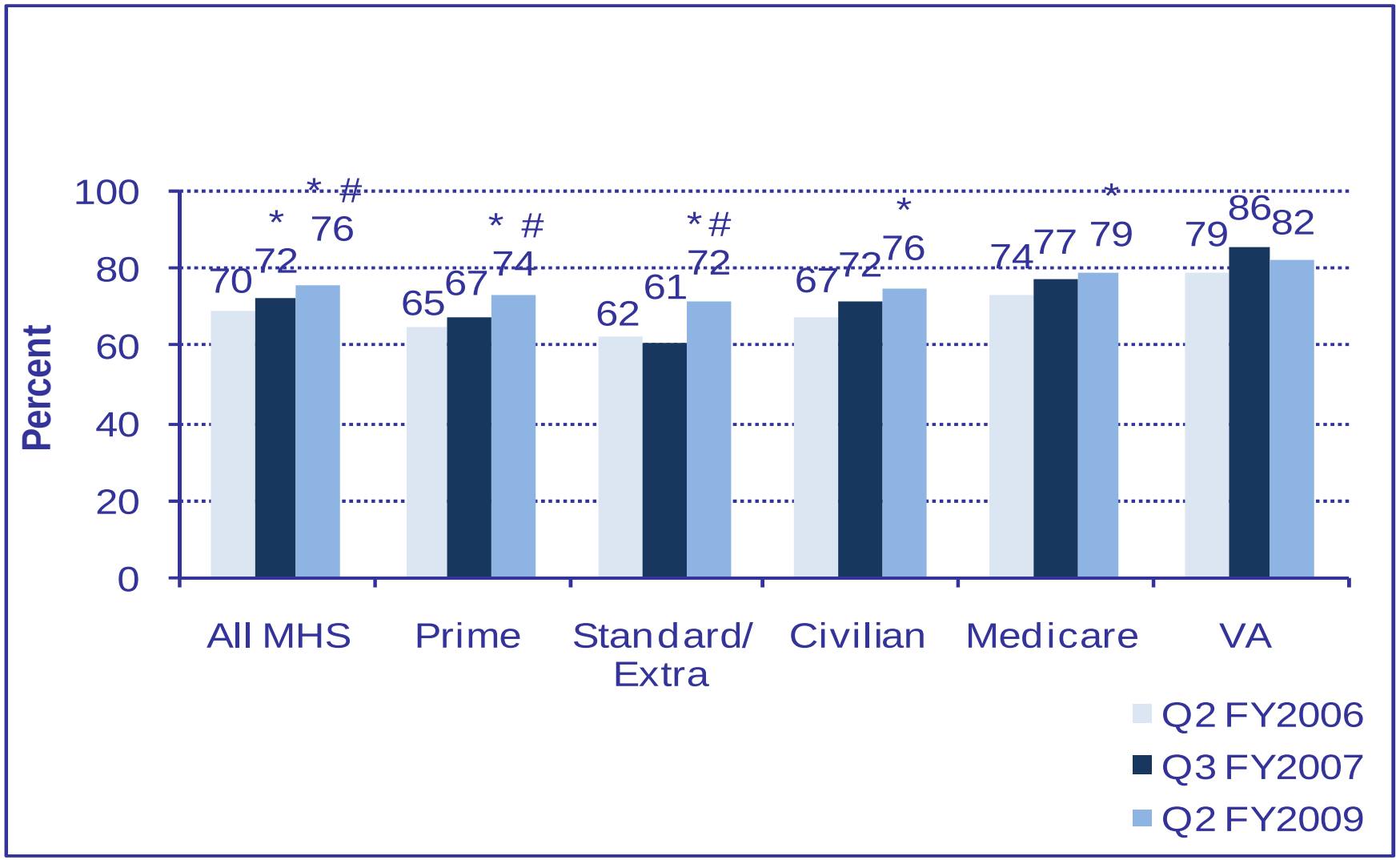
* 2006, as self reported on the National Health Interview Survey
www.cdc.gov/flu/professionals/vaccination/pdf/vaccinetrend.pdf

What are we measuring?: This measures number of persons who remember having the flu vaccine in the last 12 months. Data for DoD patients comes from the 1st Qtr, FY 09 survey of 50,000 beneficiaries, including all ages and categories. Data for non DoD patients comes from the National Health Interview Survey for 2006. The graph above differentiates between the primary source of care for the beneficiary and includes both TRICARE Prime and Standard patients.

Why is it important?: The flu vaccine prevents disability and death from influenza. By achieving high rates of immunization, we show our commitment to prevention of illness. This will gain the trust of our patients, reduce costs by avoiding illness, and create a healthier and more resilient community of DoD beneficiaries.

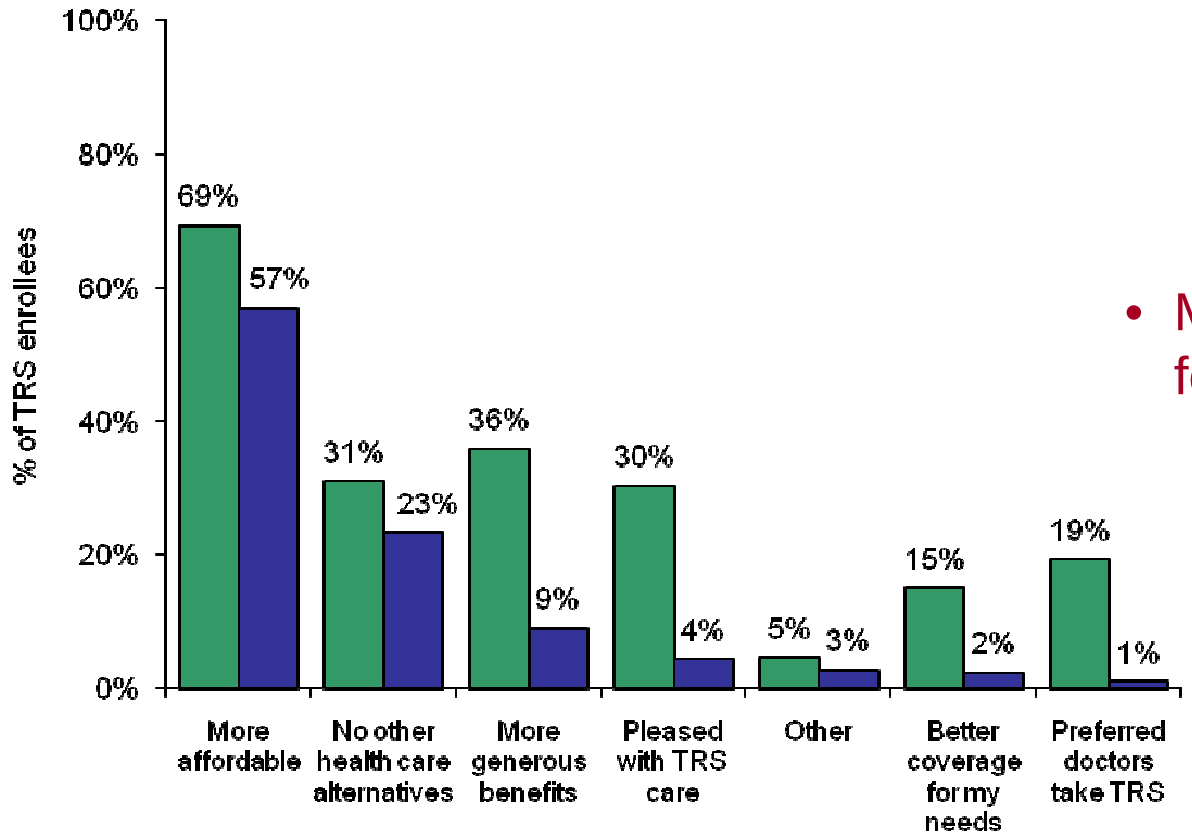
What does our performance tell us?: DoD beneficiaries exceed the national average for vaccination, but fall short of DoD and the Healthy People 2010 Goals. During this time period, beneficiaries who receive most of their care in the private sector report somewhat higher rates of immunization than those who receive care from MTFs.

Colorectal Cancer Screening: Compliance with Screening Guidelines 2006-2009



Asking our Beneficiaries “Why?”

As a Reservist: Why Did you Select (or not) TRICARE Reserve Select (TRS)?



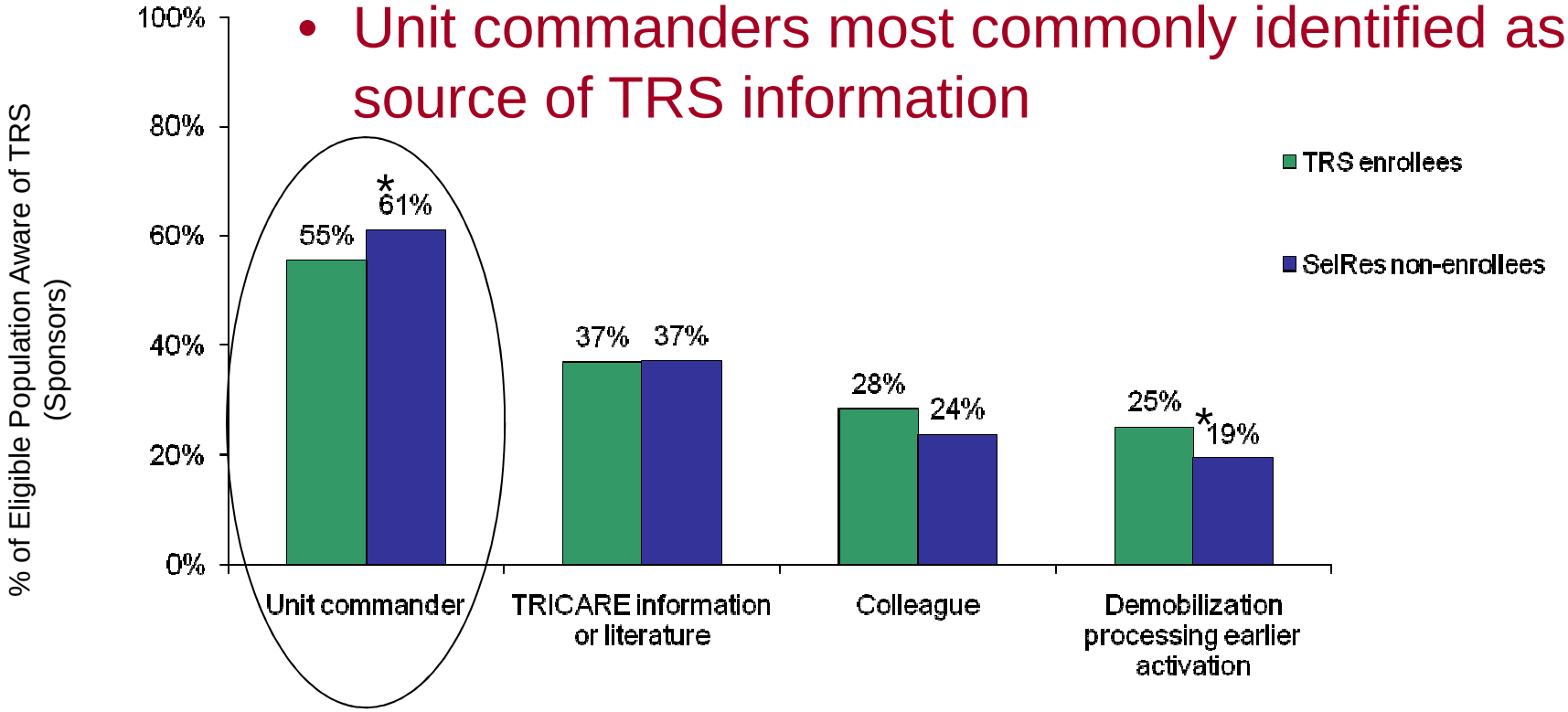
- Most important reasons for purchasing TRS:
  - More affordable than alternatives
  - No other health care alternatives

- Generosity of benefits frequently cited
  - Only 9% said "most important" reason

* Significant at p<.05. Data from TRS Collateral Survey

As a Reservist: Where do you get most of your information about TRS?

- Unit commanders most commonly identified as source of TRS information

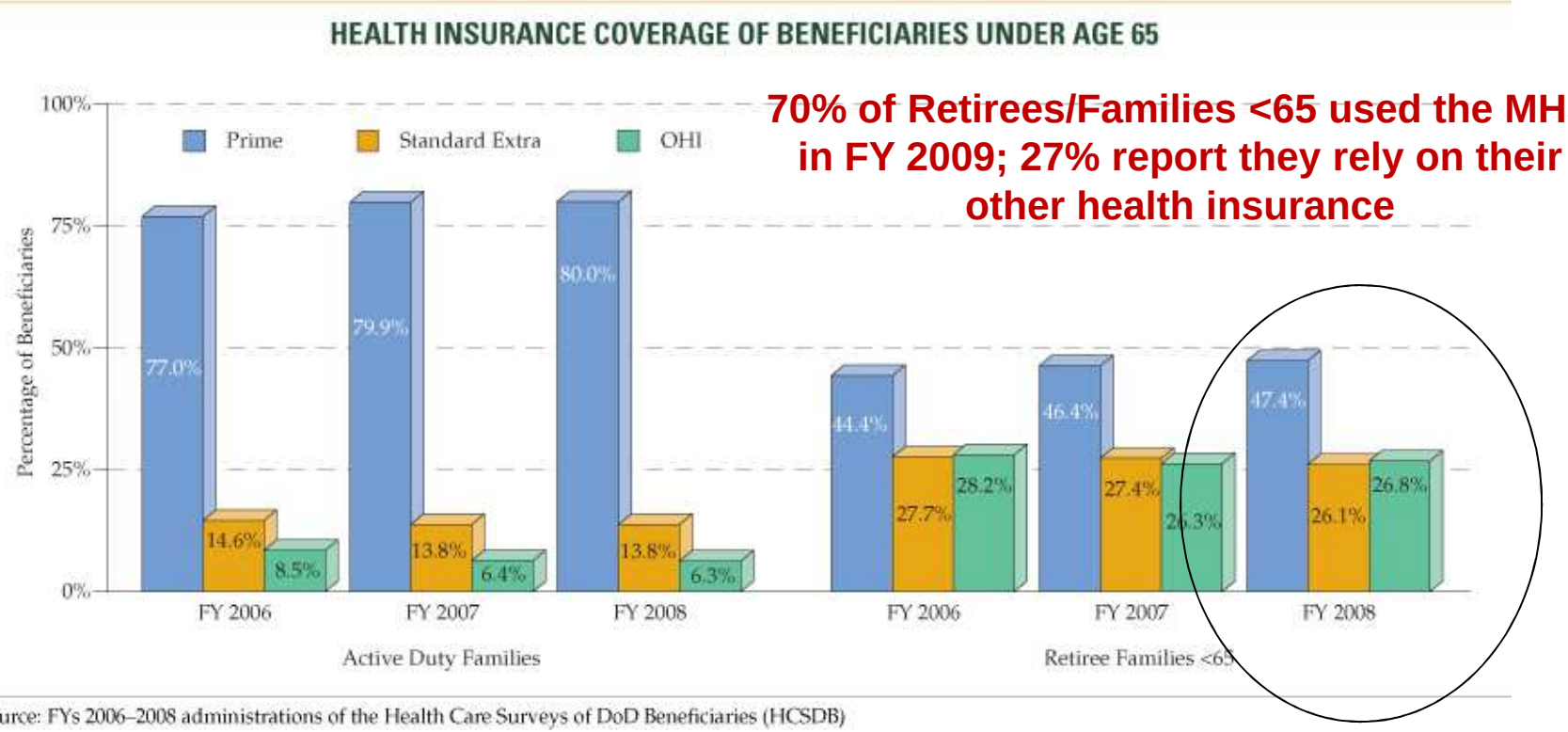


- Among Sponsors: TRS enrollees more likely than eligible non-enrollees to learn about TRS through demobilization process
- Fewer than 10% learned about TRS through Reserve Affairs, media or other organizations

HCSDB: Availability of Other Health Insurance

Beneficiary Family Health Insurance Coverage and Out-of-Pocket Costs

Health Insurance Coverage of MHS Beneficiaries Under Age 65

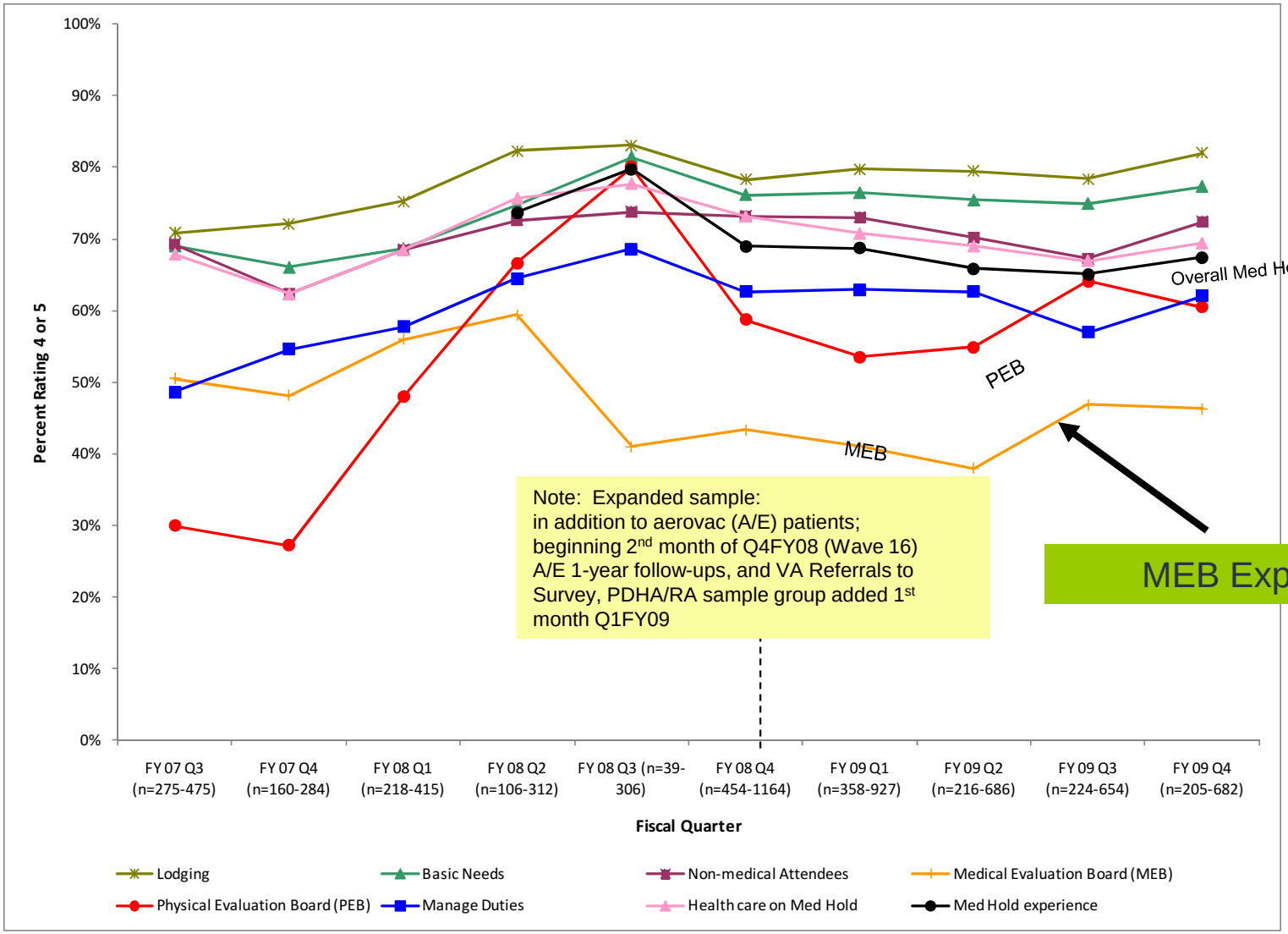


70% of Retirees/Families <65 used the MHS in FY 2009; 27% report they rely on their other health insurance

Source: FYs 2006–2008 administrations of the Health Care Surveys of DoD Beneficiaries (HCSDB)

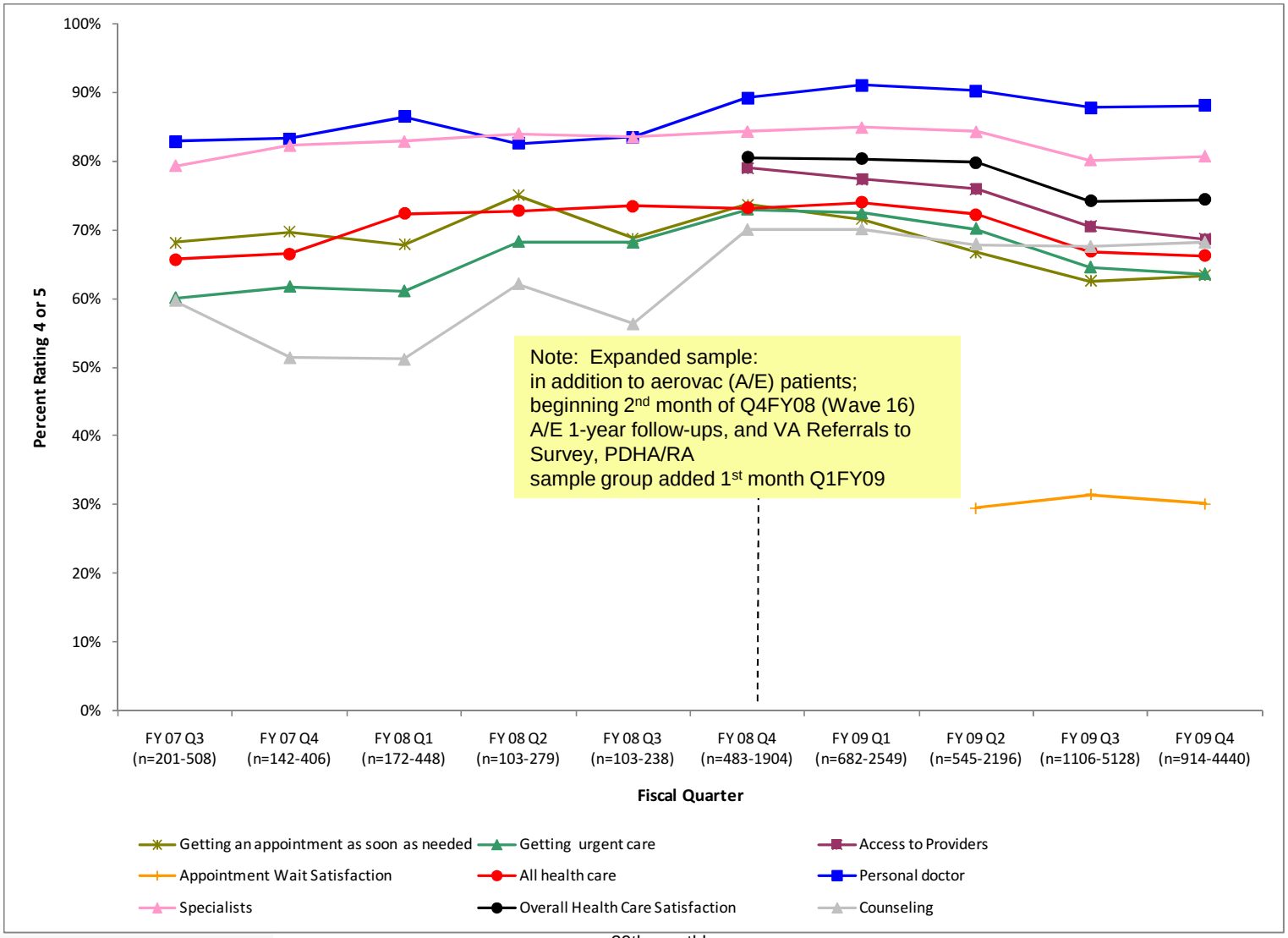
Note: The Prime group includes HCSDB respondents enrolled in Prime based on DEERS. The Standard/Extra group includes HCSDB respondents without OHI who are non-enrollees based on DEERS. The OHI group includes HCSDB respondents with private health insurance. A small percentage of Prime enrollees are also covered by OHI; these beneficiaries are included in the Prime group. Percentages may not add up to 100 percent due to rounding.

What Do Service Members Post Operational Deployment Say About the MHS? Medical Hold – Holdover - Percentage of Top 2 Ratings Over Time



29th monthly survey

What Do Service Members Post Operational Deployment Say About the MHS? Ambulatory Care: Percentage of Top 2 Ratings over Time



Preferred Direction

Session: What Our Beneficiaries Tell Us About Accessing the MHS:
Their Experiences and Satisfaction

DoD Event-Based Surveys

LTC Lorraine Babeu, Ph.D.
OASD (HA)/TMA-HPA&E

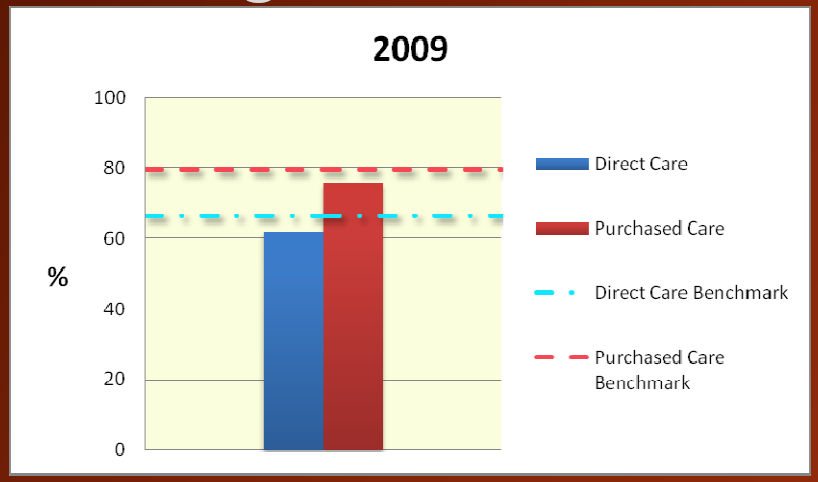
January 26, 2010

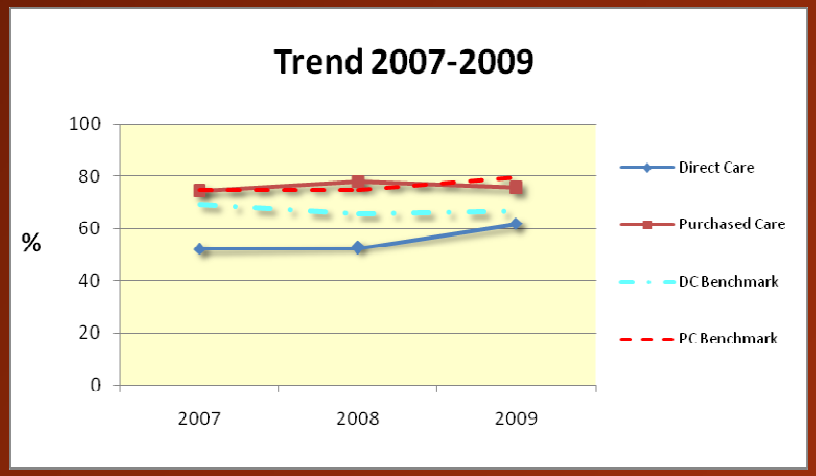
TRICARE Outpatient Satisfaction Survey (TROSS)

- **Purpose:** To assess the ambulatory care experiences of MHS beneficiaries.
  - Direct Care (DC) is designed to have representative data at the parent DMIS-ID.
  - Purchased Care (PC) is designed to have representative data at the MTF service area.
- **Data:** Satisfaction percentages are calculated using weighted data. Weighting accounts for age, gender, beneficiary category, service, and region.
- **Mode:** Mail (web and IVR response options) and Phone (20 questions only)
  - Survey is fielded monthly for both Direct Care and Purchased Care
- **Annual Sample Size:** ~ 512,000(mail survey); ~ 15,000 (phone survey)
- **Response rates**: DC 16%, PC 28%
- **Core questions** are based on the Clinician and Group CAHPS (C&G CAHPS) Survey designed by AHRQ
  - Composites are either (1) C&G CAHPS Composites or (2) DoD Composites
  - Civilian benchmarks are from Synovate's Consumer Opinion Panel
- **In this report, 3 metrics and 3 composites are presented for Direct Care and Purchased Care:**
  - Metrics: Rating of Health Care, Rating of Health Plan, and Rating of Health Provider
  - Composites: Access to Care, Doctors communicate, and Office Staff

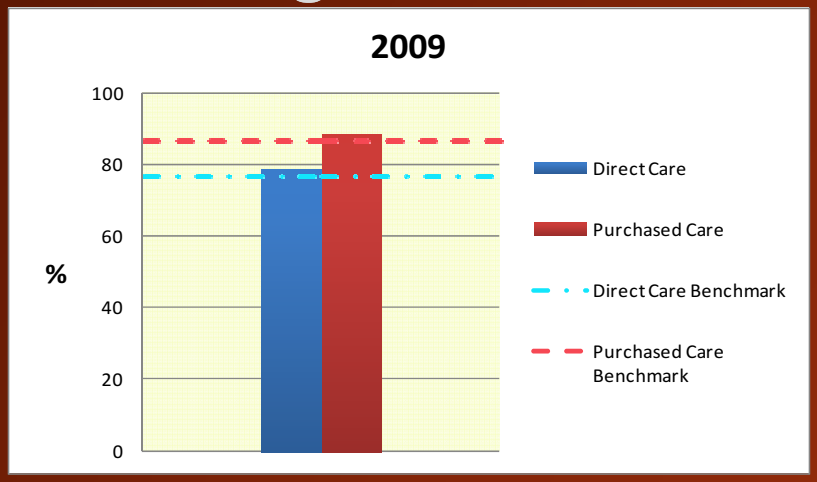
TRICARE Outpatient Satisfaction Survey: Direct Care (DC) & Purchased Care (PC)

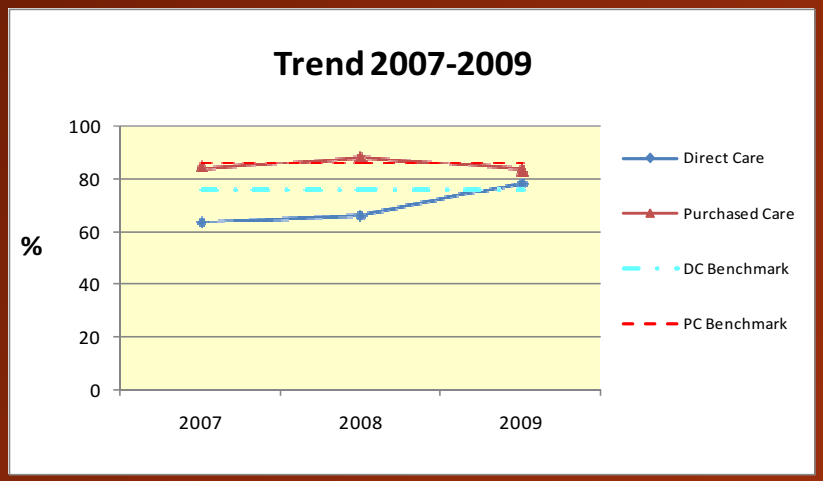
Rating of Health Care





Rating of Provider

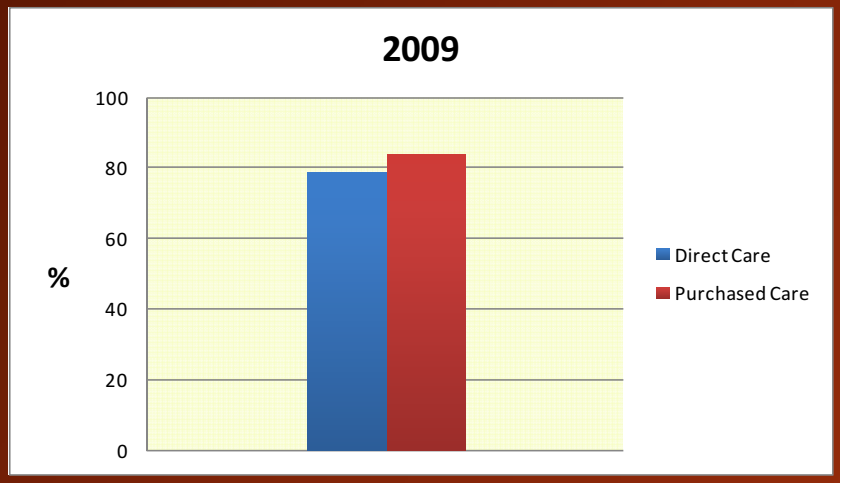


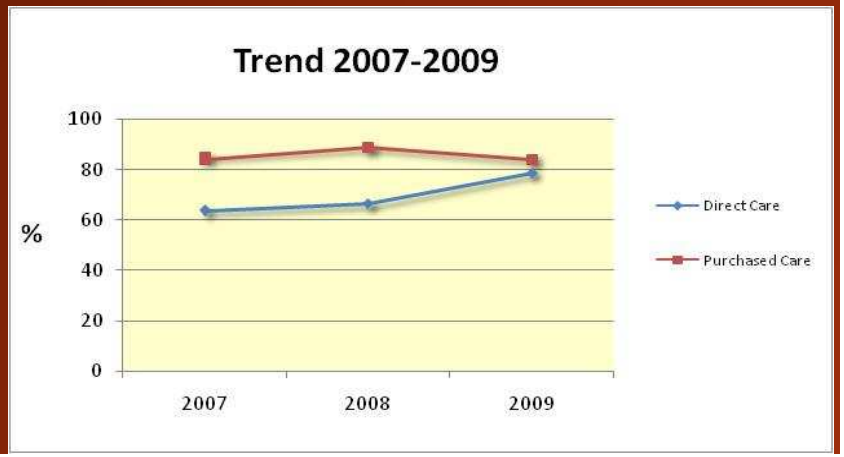


– Notes: 1) Data for 2009 represents data collected from encounters between January and June 2009

TRICARE Outpatient Satisfaction Survey: Direct Care (DC) & Purchased Care (PC)

Rating of Health Plan





- Notes: 1) Data for 2009 represents data collected from encounters between January and June 2009
  2) 'Rating of Health Plan' does not have a Benchmark as there is no equivalent question in the Civilian Survey

TROSS Drivers of Satisfaction: 2009 Direct Care (DC) Beneficiaries

2009 Survey N= 55,502	Outcome: Overall Rating of Health Care	Outcome: Rating of Health Plan	Outcome: Rating of Health Provider
Composites	**Ranking of Influence**	**Ranking of Influence**	**Ranking of Influence**
Access to care	4	4	**3**
Doctor communication	**2**	**1**	**1**
Office Staff	**3**	**3**	4
Perception of MHS	**1**	5	**2**
Mental Health	5	**2**	5

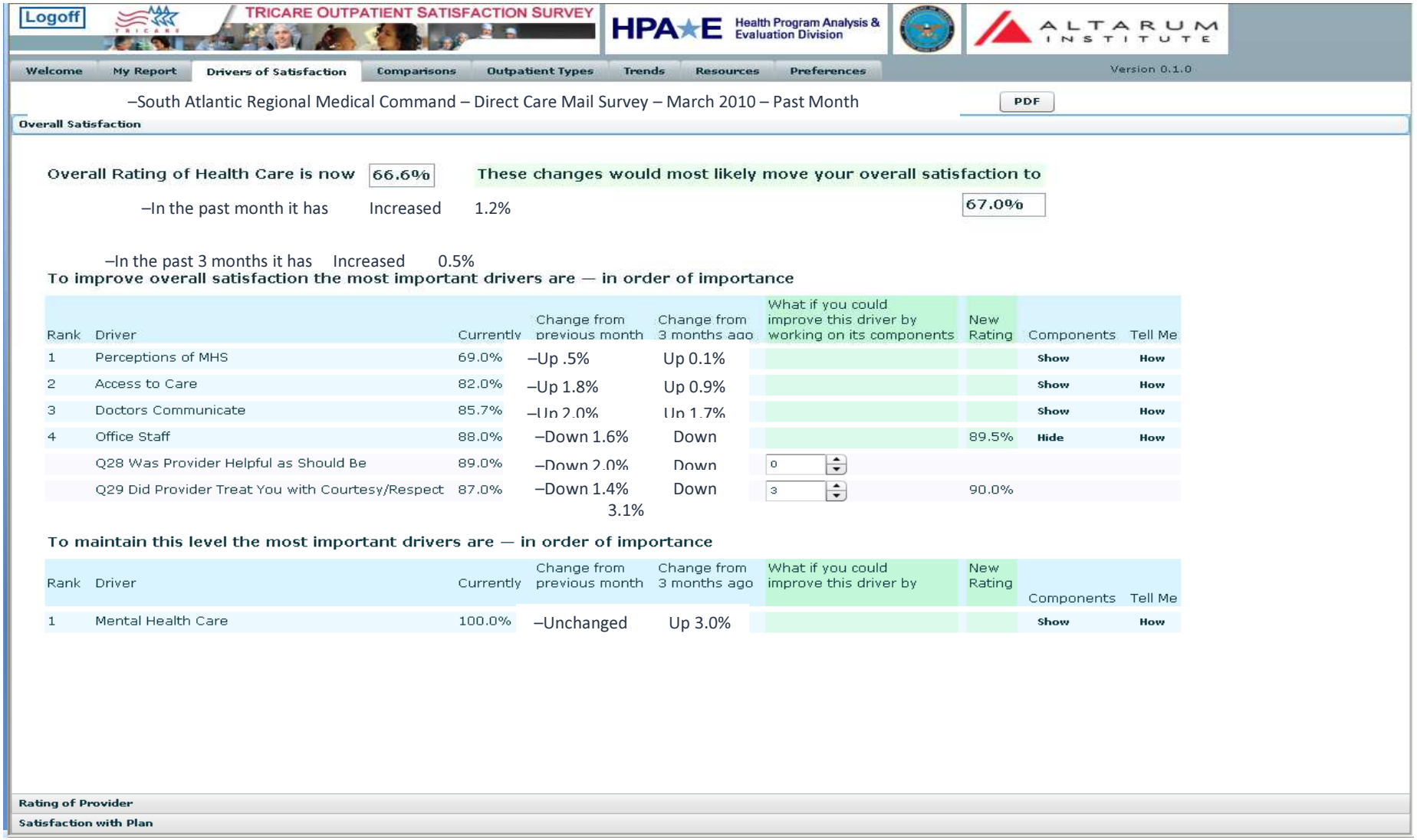
- Overall Rating of Health Care, Rating of Health Plan and Rating of Provider are measured on a 10 point scale with 10 being the best. Values ≥ 9 are considered satisfied responses.
- Composites have been ranked from 1-5, with 1 being the highest, based on the value of the odds ratio (OR) for the model. Statistically significant ORs were ranked first.
- The model is predicting the probability of a respondent being satisfied with hospital. Statistical model adjusts for age, gender, and beneficiary category (Active Duty, Active Duty Family Members, Retirees and Family Members < 65, and Retirees and Family Members ≥ 65). *the higher the OR, the more strongly it predicts satisfaction.

TROSS Drivers of Satisfaction: 2009 Purchased Care (PC) Beneficiaries

2009 Survey N= 55,502	Outcome: Overall Rating of Health Care	Outcome: Rating of Health Plan	Outcome: Rating of Health Provider
Composites	**Ranking of Influence**	**Ranking of Influence**	**Ranking of Influence**
Access to care	5	1	3
Doctor communication	2	2	1
Office Staff	3	3	2
Perception of MHS	1	5	4
Mental Health	4	4	5

- Overall Rating of Health Care, Rating of Health Plan and Rating of Provider are measured on a 10 point scale with 10 being the best. Values ≥ 9 are considered satisfied responses.
- Composites have been ranked from 1-5, with 1 being the highest, based on the value of the odds ratio (OR) for the model. Statistically significant ORs were ranked first.
- The model is predicting the probability of a respondent being satisfied with hospital. Statistical model adjusts for age, gender, and beneficiary category (Active Duty, Active Duty Family Members, Retirees and Family Members < 65, and Retirees and Family Members ≥ 65). *the higher the OR, the more strongly it predicts satisfaction.

MTF and MTF Service Area: Drivers of Satisfaction



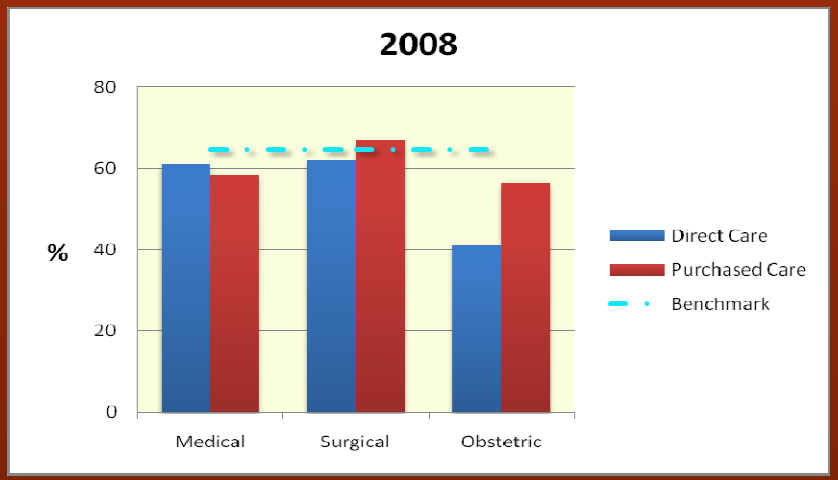
TRICARE Inpatient Satisfaction Survey (TRISS)

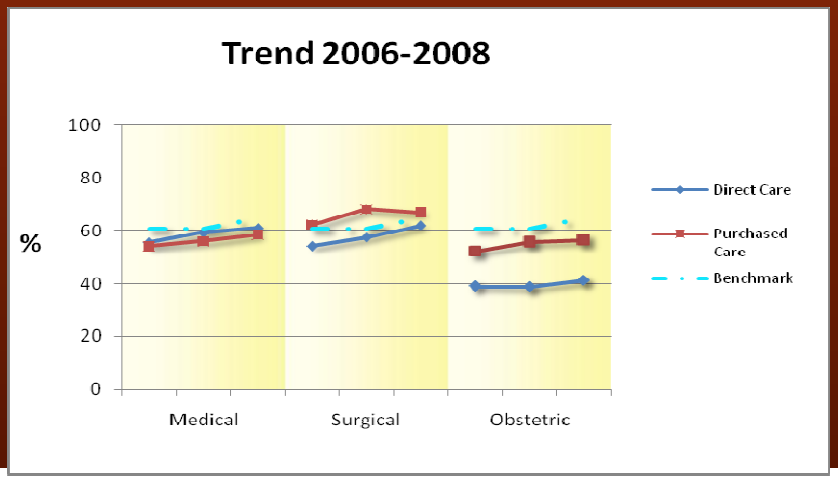
- **Purpose:** Assesses beneficiary satisfaction with beneficiaries' inpatient care experience for medical, surgical and obstetric services
- **Data:** Satisfaction percentages are calculated using weighted data. Weighting accounts for mail survey design, and non-response.
- **Frequency:** Mail survey fielded annually ; Telephone survey fielded quarterly
- **Annual Sample Size:** ~45,000 (mail survey); ~620 (phone survey)
- **Mode:** Mail and phone
- **Response rate**: 36%

- **Results based on Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) classifications**
  - National benchmarks are available for HCAHPS
- **Key Indicators of Satisfaction**
  - Rating of Hospital
  - Recommendation of Hospital
- **Composites**
  - Communication with Nurses (Key Driver)
  - Communication with Doctors
  - Communication about Medications
  - Responsiveness of Hospital Staff
  - Discharge Information
  - Pain Control

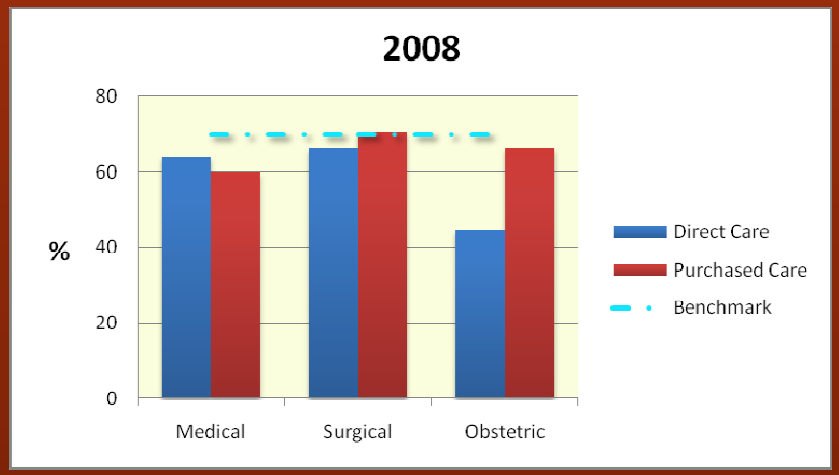
TRICARE Inpatient Satisfaction Survey: Direct Care (DC) & Purchased Care (PC)

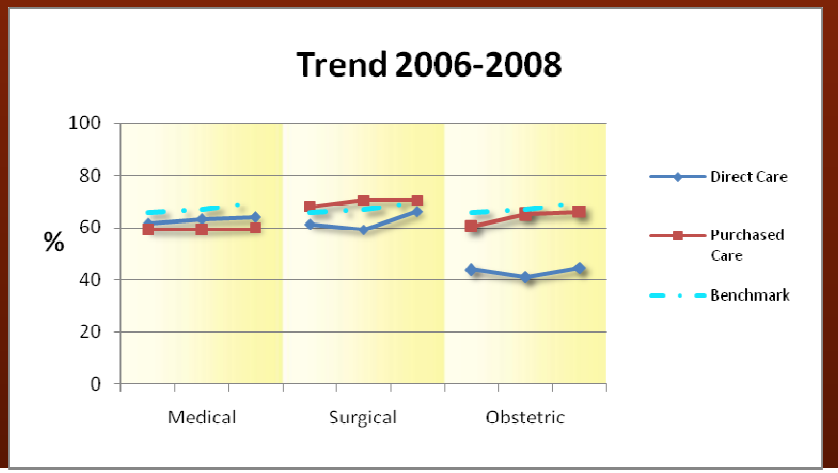
Rating of Hospital





Recommendation of Hospital





–Notes 1) Benchmark is not broken out by product line. 2) Satisfaction with hospital is measured on a 10 point scale with 10 being the best. Values ≥9 are considered satisfied responses.3) Recommendation of hospital is measured on a 4 point scale. Value of 'Definitely Yes' is considered a satisfied response..

TRISS Drivers of Satisfaction: 2008 Direct Care (DC) Beneficiaries

Outcome: Rating of Satisfaction with Hospital	2008 Medical Care Survey N= 3400	2008 Surgical Care Survey N= 5074	2008 Obstetric Care Survey N= 2439
Composites	**Ranking of Influence**	**Ranking of Influence**	**Ranking of Influence**
Nurse Communication	**2**	5	5
Doctor Communication	**3**	**3**	**3**
Responsiveness of Staff	4	4	7
Communication about Medications	8	6	9
Pain Control	7	8	4
Clean environment	10	**2**	6
Discharge	6	10	**2**
Respect for Family & Friends	**1**	**1**	**1**
Staff Interaction	9	9	10
Patient Safety	5	7	8

- Satisfaction with hospital is measured on a 10 point scale with 10 being the best. Values >=9 are considered satisfied responses.
- Composites have been ranked from 1-10, with 1 being the highest, based on the value of the odds ratio (OR) for the model. Statistically significant ORs were ranked first.
- The model is predicting the probability of a respondent being satisfied with hospital. Statistical model adjusts for age, gender (except Obstetric Care), and beneficiary category (Active Duty vs. Non-Active Duty). *the higher the OR, the more strongly it predicts satisfaction.

TRISS Drivers of Satisfaction: 2008 Direct Care (DC) Beneficiaries

Outcome: Recommendation of Hospital to Family & Friends	2008 Medical Care Survey N= 3400	2008 Surgical Care Survey N= 5074	2008 Obstetric Care Survey N= 2439
Composites	**Ranking of Influence**	**Ranking of Influence**	**Ranking of Influence**
Nurse Communication	3	8	5
Doctor Communication	2	5	2
Responsiveness of Staff	4	4	6
Communication about Medications	7	7	9
Pain Control	10	9	4
Clean environment	8	1	7
Discharge	5	6	3
Respect for Family & Friends	1	2	1
Staff Interaction	9	10	10
Patient Safety	6	3	8

- Recommendation of hospital is measured on a 4 point scale. Value of 'Definitely Yes' is considered a satisfied response.
- Composites have been ranked from 1-10, with 1 being the highest, based on the value of the odds ratio (OR) for the model. Statistically significant ORs were ranked first.
- The model is predicting the probability of a respondent being satisfied with hospital. Statistical model adjusts for age, gender (except Obstetric Care), and beneficiary category (Active Duty vs. Non-Active Duty). *the higher the OR, the more strongly it predicts satisfaction.

TRISS Drivers of Satisfaction: 2008 Purchased Care (PC) Beneficiaries

Outcome: Rating of Satisfaction with Hospital	2008 Medical Care Survey N= 3363	2008 Surgical Care Survey N= 2809	2008 Obstetric Care Survey N= 613
Composites	**Ranking of Influence**	**Ranking of Influence**	**Ranking of Influence**
Nurse Communication	6	**3**	7
Doctor Communication	4	10	8
Responsiveness of Staff	**2**	5	**2**
Communication about Medications	8	8	4
Pain Control	9	6	**3**
Clean environment	**3**	4	9
Discharge	5	**2**	6
Respect for Family & Friends	**1**	**1**	**1**
Staff Interaction	7	9	10
Patient Safety	10	7	5

- Satisfaction with hospital is measured on a 10 point scale. Values >=9 are considered satisfied responses.
- Composites have been ranked from 1-10, with 1 being the highest, based on the value of the odds ratio (OR) for the model. Statistically significant ORs were ranked first.
- The model is predicting the probability of a respondent being satisfied with hospital. Statistical model adjusts for age, gender (except Obstetric Care), and beneficiary category (Active Duty vs. Non-Active Duty). *the higher the OR, the more strongly it predicts satisfaction.

TRISS Drivers of Satisfaction: 2008 Purchased Care (PC) Beneficiaries

Outcome: Recommendation of Hospital to Family & Friends	2008 Medical Care Survey N= 3363	2008 Surgical Care Survey N= 2809	2008 Obstetric Care Survey N= 613
Composites	**Ranking of Influence**	**Ranking of Influence**	**Ranking of Influence**
Nurse Communication	7	4	4
Doctor Communication	6	8	6
Responsiveness of Staff	5	9	**3**
Communication about Medications	8	6	**2**
Pain Control	9	**3**	5
Clean environment	4	**2**	7
Discharge	**2**	5	10
Respect for Family & Friends	**1**	**1**	**1**
Interaction with Other Hospital Staff	**3**	10	9
Patient Safety	10	7	8

- Recommendation of hospital is measured on a 4 point scale. Value of 'Definitely Yes' is considered a satisfied response.
- Composites have been ranked from 1-10, with 1 being the highest, based on the value of the odds ratio (OR) for the model. Statistically significant ORs were ranked first.
- The model is predicting the probability of a respondent being satisfied with hospital. Statistical model adjusts for age, gender (except Obstetric Care), and beneficiary category (Active Duty vs. Non-Active Duty). *the higher the OR, the more strongly it predicts satisfaction.

Correlation Analysis: Drivers of Overall Rating of Hospital

**NOTE: Driver analysis controlled for age, gender and beneficiary category (retired, active duty, or other).*	% Rated Hospital 9-10	R^2 Range*	HCAHPS Composites						DoD Composites		
			Nurse Comm	Doctor Comm	Comm about Meds	Response of Hosp Staff	Pain Cntl	Disch Info	Your Family and Friends	Interact With Other Staff	Patient Safety
Military Health System (Overall)	56%	6.6 to 23.8	1	4	5	2	3	9	6	7	8
Direct Care (Overall)	53%	5.8 to 20.4	1	4	6	2	3	9	7	5	8
Army (Overall)	51%	6.8 to 20.3	1	4	8	3	2	9	6	5	7
0109-Brook Army Medical Center—Ft. Sam Houston	73%	8.5 to 21.8	1	4	3	2	5	9	8	7	6
Navy (Overall)	54%	4.9 to 19.4	1	3	6	2	4	9	8	5	7
0029-Naval Medical Center—San Diego	53%	4.3 to 22.0	1	5	7	2	3	9	6	4	8
Air Force (Overall)	59%	4.8 to 21.7	1	3	6	2	4	9	8	5	7
0117-59th Med Wing—Lackland	60%	7.5 to 28.2	2	6	3	1	4	9	7	8	5

* R^2 indicates the % of variation in Overall Rating of Hospital that is explained by the composite. The lowest R^2 indicates the % of variation explained by the 9th strongest driver, and the highest R^2 indicates the % of variation explained by the 1st strongest driver.

Session: What Our Beneficiaries Tell Us About Accessing the MHS:
Their Experiences and Satisfaction

Patient Satisfaction from the Army's Perspective

Melissa Gliner, Ph.D.
Decision Support Center, OTSG

January 26, 2010

Briefing Outline

- Program Summary
- Performance Based Adjustment Model (PBAM)
- WTU (Warrior Transition Units)

Why Bother with Patient Satisfaction?

- Higher quality of care
  - Trust
  - Stress reduced
  - Placebo effect
- Staff more content with jobs and turnover lower
- Less likely to be sued

Program Summary

- Comprehensive survey program that gives both Providers and the MTF leadership timely and actionable feedback from patients
- AMEDD Leadership is able to see variability among specialties, clinics, and MTFs
- Survey program designed similar to the Kaiser Survey program administered by Synovate, Inc.

Program Design

- **Continuous tracking of patient satisfaction**
  - Select Physicians, Nurse Practitioners, and Physician Assistants
  - Same day sampling of visits using encounter information from CHCS
  - Mail out of survey requests within 48-72 hours of visit
- **Tri-mode of interviewing**
  - Short-form survey (9-questions) using a toll-free telephone number call-in; Interactive Voice Response (IVR) Methodology
  - Long-form survey using a two-page mail survey (21-questions)
  - Web-Based Instrument available to all Patients being surveyed (21-questions).
- **Sample Management System**
  - Program managed by a sample provider-based management database system to determine who gets sampled and how they are to be surveyed
  - Target: 200 completes annually for each eligible Provider
  - Sample calculated to provide estimates with a small standard error
- **Reporting**
  - Bi-Weekly reports for each Provider, Clinic, MTF, RMC, and MEDCOM-Level

Performance Based Adjustment Model (PBAM) FY10

- Methodology
- Data from Questions 9, 11, 13 and 21 of the Army Provider Level Satisfaction Survey are used to determine MTF scores on this metric. Respondents are considered "satisfied" if they answered "4" (Somewhat Satisfied") or "5" (Completely Satisfied) on the following items: Overall visit satisfaction (Q21), phone service (Q9), time from call to visit (Q11), and staff courtesy and respect (Q13)
- A standard adjustment is used to control for beneficiary category. This adjustment is based on the percent of care delivered in Army MTFs and essentially puts all facilities on a "level playing field". An example of the calculation is on the next slide

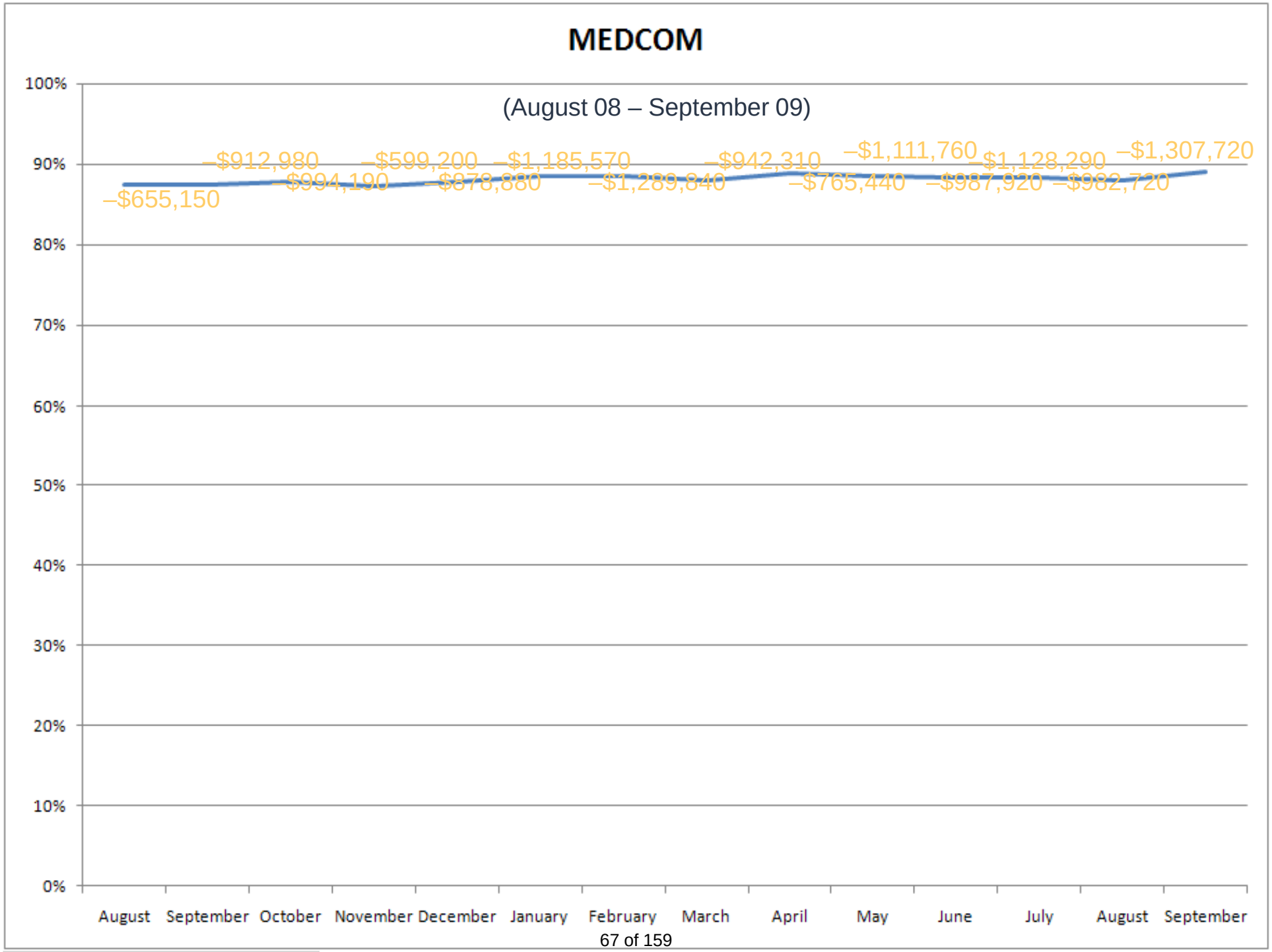
PBAM – Example of Calculation

- **MTF X:**
  - Active Duty Satisfaction
  - 82%
  - Active Duty Family Member Satisfaction
  - 86%
  - Retiree Satisfaction
  - 92%
  - Retiree Family Member/Other Satisfaction
  - 91%
  - AMEDD Adjustment Factors:
  - Active Duty: 49%
  - Active Duty Family Members: 27%
  - Retirees: 9%
  - Retiree Family Members/Other: 15%
  - Calculation:
- **MTF X** = (82%*.49) + (86%*.27) + (92%*.09) + (91%*.15)
- **MTF X** = 85.33%

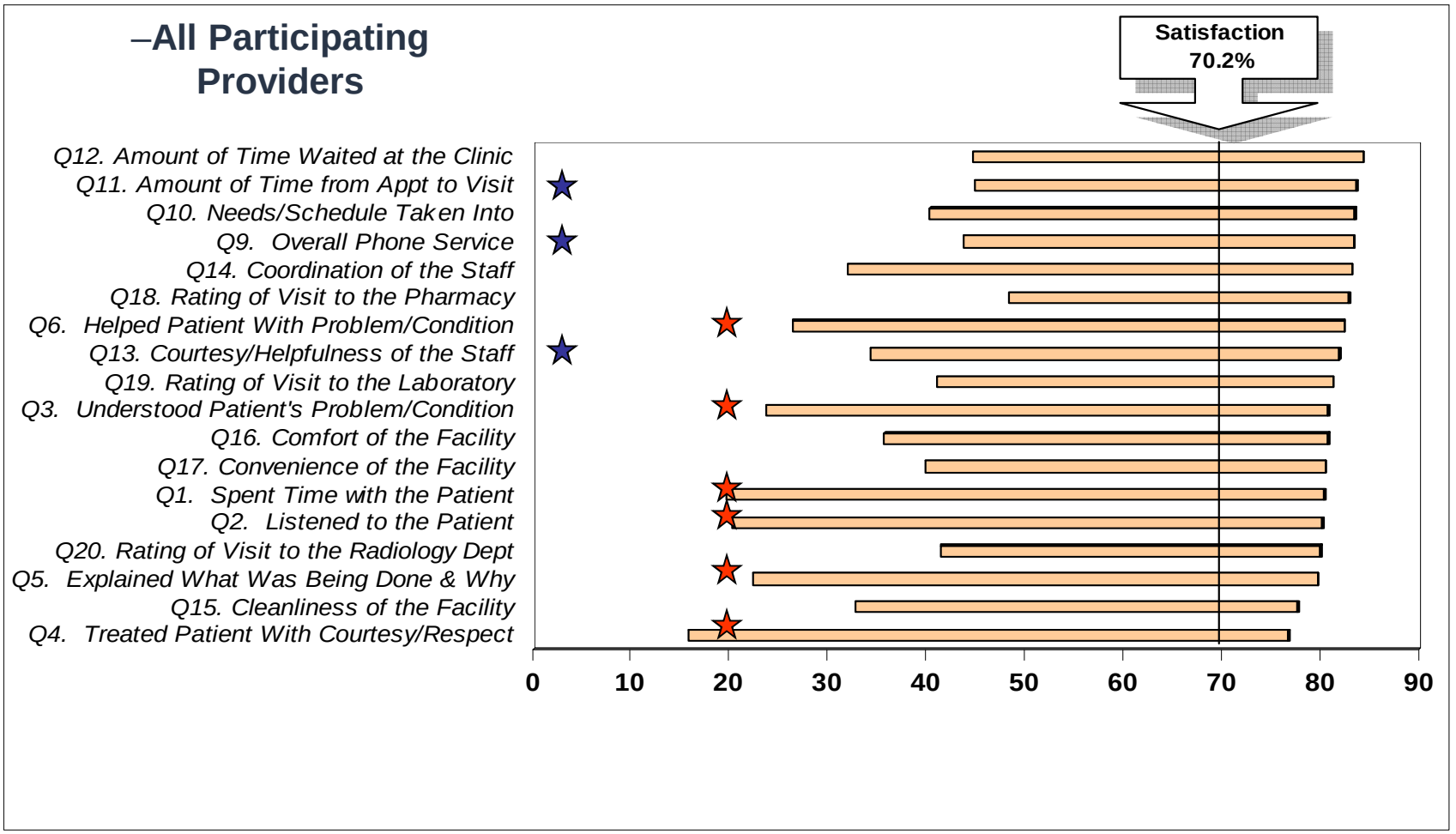
PBAM

- New Payments are as follows:

Question	Percentage	Payment
9	>85.5	$20/RETURNED SURVEY
9	82.5-85.5	$5/RETURNED SURVEY
9	<82.5	$0/RETURNED SURVEY
11	>85.5	$20/RETURNED SURVEY
11	82.5-85.5	$5/RETURNED SURVEY
11	<82.5	$0/RETURNED SURVEY
13	>85.5	$20/RETURNED SURVEY
13	82.5-85.5	$5/RETURNED SURVEY
13	<82.5	$0/RETURNED SURVEY
21	>90	$100/RETURNED SURVEY
21	86-90	$10/RETURNED SURVEY
21	<86	$-25/RETURNED SURVEY


MEDCOM
(August 08 – September 09)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
–$655,150
–$912,980
$994,190
–$599,200
–$878,880
–$1,185,570
–$1,289,840
–$942,310
–$765,440
–$1,111,760
–$987,920
–$1,128,290
–$982,720
–$1,307,720
August
September
October
November
December
January
February
March
April
May
June
July
August
September

Attributable Effects Analysis: Drivers of Visit Satisfaction



APLSS STRATCOM
Important “Take-Away” Points

- We get back about 30,000 returns a month
- We are getting surveys for approximately 6000 providers
- Our beneficiaries can, and do, separate provider performance from MTF/Clinic performance
- Focus on the things you can do (i.e., phone staffing and service, clinic staff courtesy and helpfulness, having a good appointment system which is staffed – and has appointments available; wait time at the appointment!)
- If your MTF has Providers which are being scored low – do something about it

WTU Survey

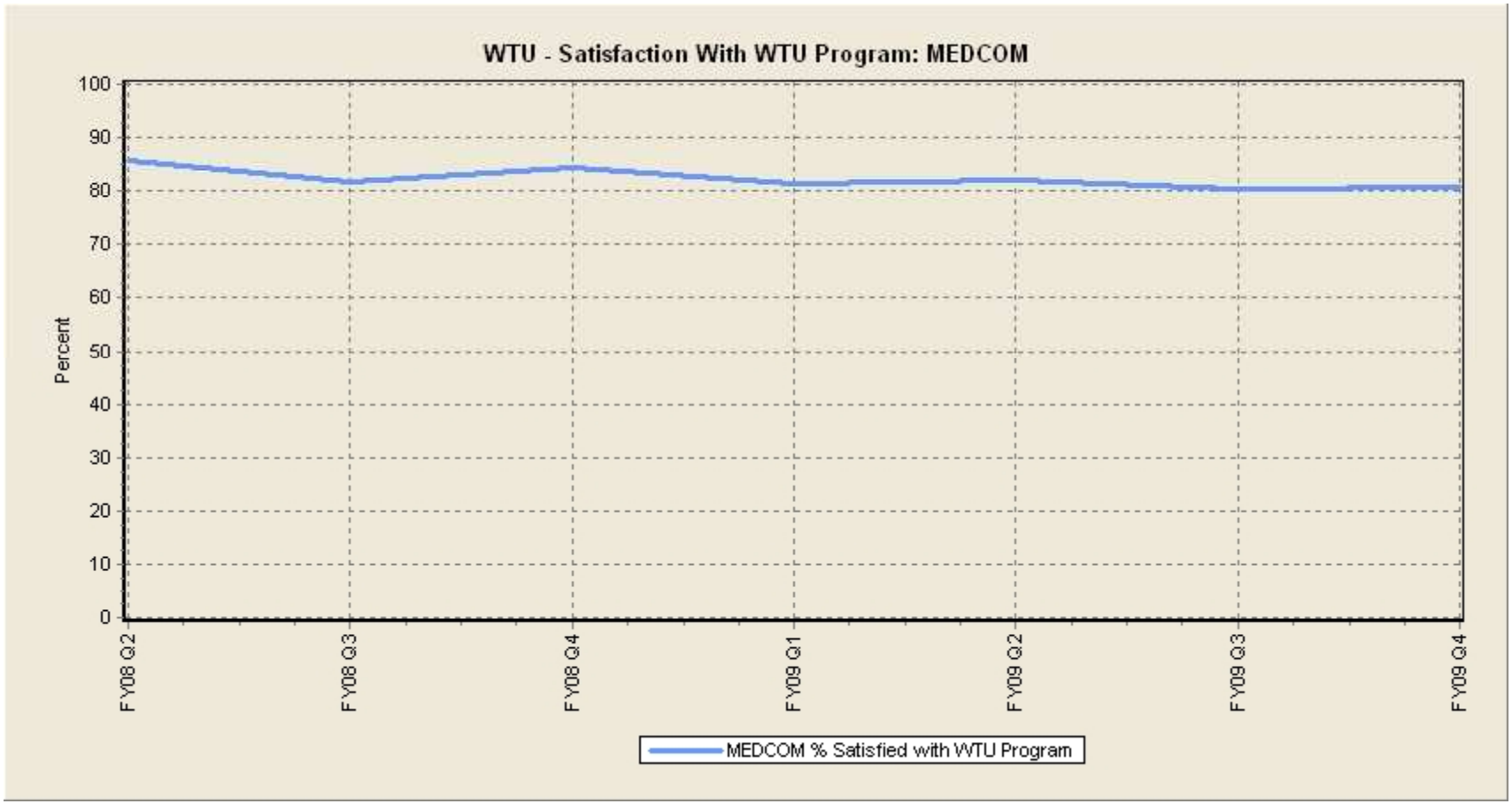
Specific Questions
Bottom Line Up Front

- **What did we know?**
  - In July 2002, then Surgeon General, LTG Peake, directed the establishment of a comprehensive survey program for monitoring patient satisfaction with healthcare visits to the MTF. Our patients are significantly happier with care delivered at Army MTFs versus Civilian Benchmarks. This trend continues to increase.
- **"What did we know prior to the Washington Post exposé?"**
  - Army leadership began surveying Medical Holdover Soldiers (Compo 2 and 3) in June, 2006. The results (data collected June 2006 - February 2007) indicated that soldiers were satisfied with medical care, case management, and their providers.
  - We did not ask questions about the issues identified in the Washington Post article (barracks and the Physical Disability Evaluation System).
- **"Are our Warriors in the WTUs satisfied?"**

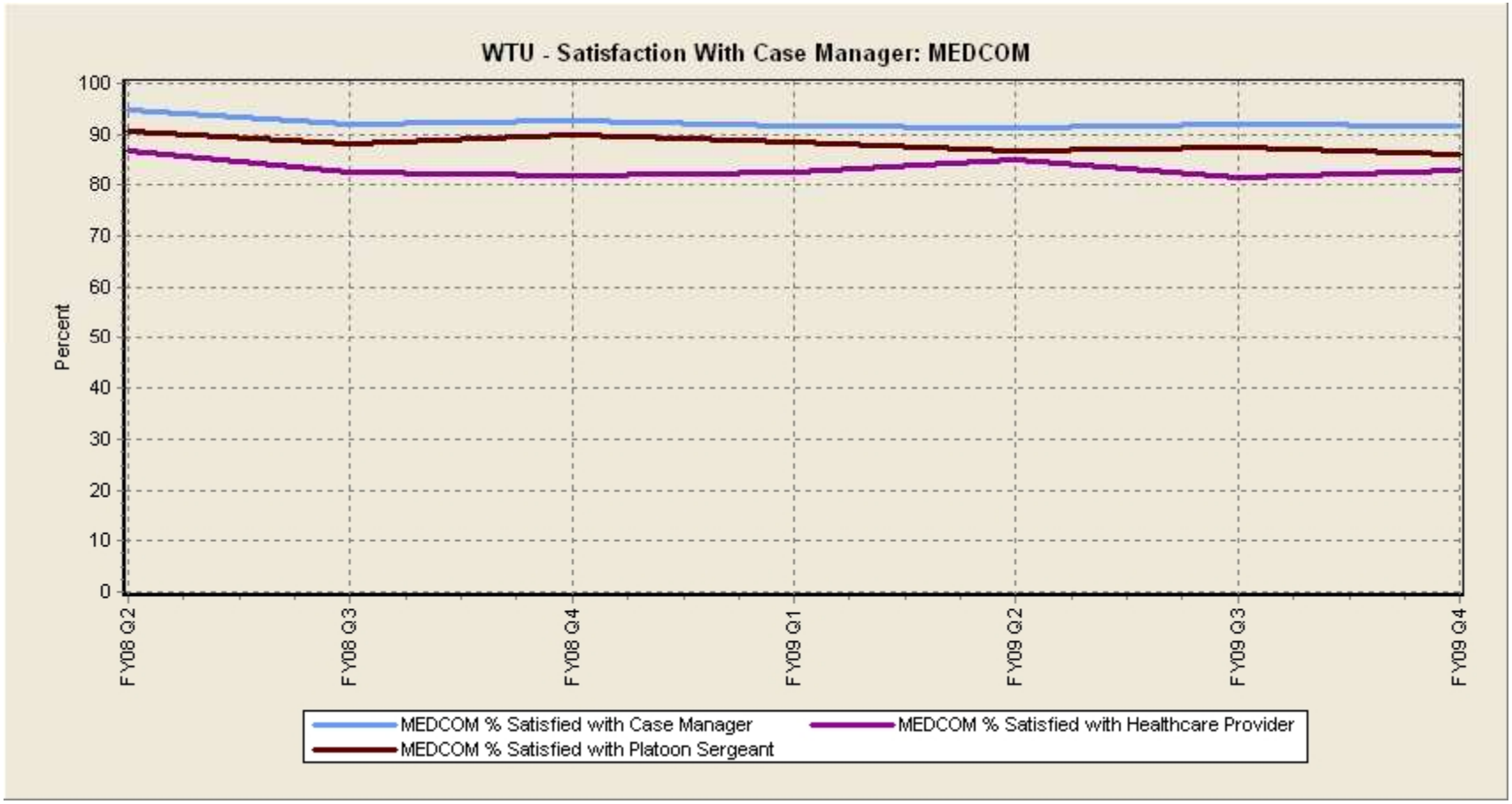
BLUF

- Analysis looking at data obtained via phone survey results (~ 2,500 returns per quarter out of roughly 7,000 calls)
- Overall satisfaction has slightly decreased over the past year
- Variables that are associated with these scores (overall satisfaction) are:
  - Satisfaction with Provider
  - Satisfaction with Orders

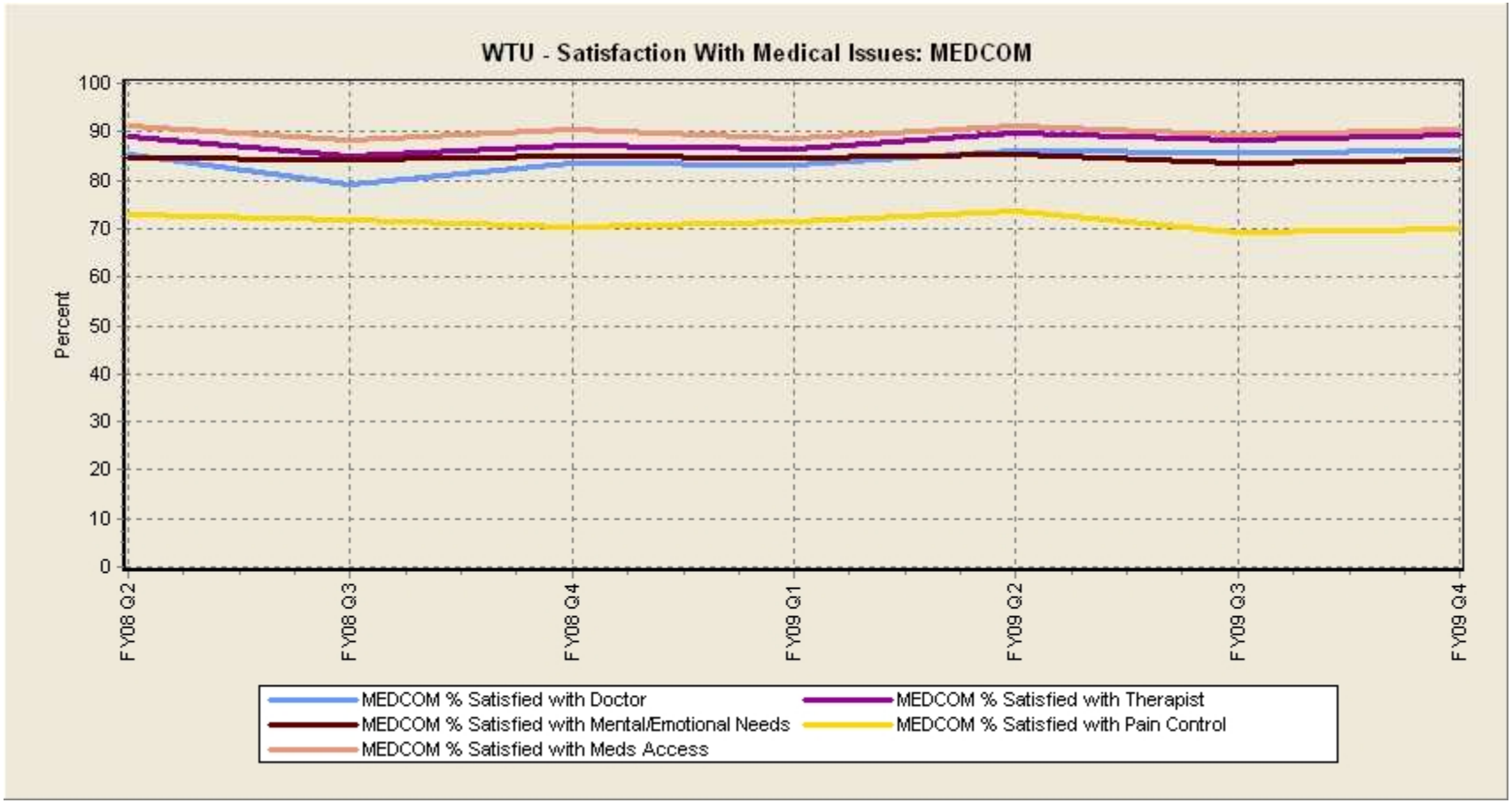
AMEDD – Overall Satisfaction with WTU



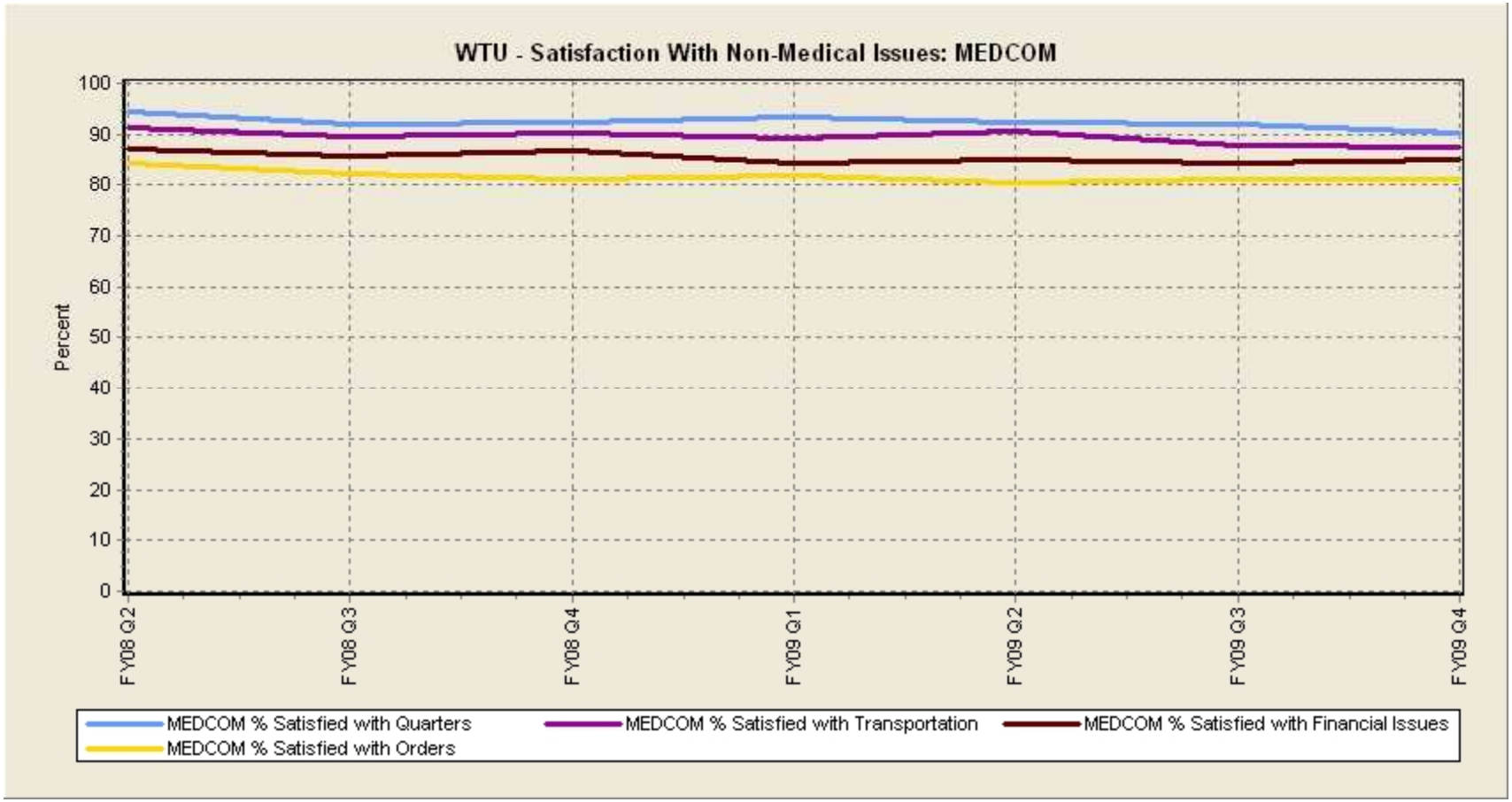
Satisfaction with Provider, Case Manager, Platoon Sergeant



Satisfaction with Medical Issues



Satisfaction with Non-Medical Issues



WTU Way Ahead

- Survey modifications were required and are being implemented for better fidelity on WTU issues and better response rates:
  - Further refinement of questions specific to the WT population
- To better understand the issues of those in the Physical Disability Evaluation System (PDES) different questions will be asked of those in the MEB

Session: What Our Beneficiaries Tell Us About Accessing the MHS:
Their Experiences and Satisfaction

Navy Medicine Perspective

Patient Satisfaction Survey

M3/5 Business Planning

Linda P. Niemeyer, CAPT, DC, USN

January 26, 2010

Outline

- Background
- Survey Design
- What Navy Medicine Patients are Telling Us
- Navy Medicine Satisfaction Rating for Common Questions
- How Survey Data is Used

Background

- NAVMED PSS limited launch at 14 MTFs commenced March 2007
- NAVMED PSS full launch commenced October 2007 at all MTFs
- Survey protocol includes Mental Health, and excludes Substance Abuse and OB/GYN 10 to 17 yr. olds

Survey Design

- Continuous tracking of patient satisfaction with:
  - Daily random sampling from CHCS data based on number of encounters/day/clinic
  - Mail out of survey requests within 48 hours of visit.
- Tri-mode of interviewing:
  - Short-form survey (9 questions) is a toll free dial-in, Interactive Voice Response (IVR) methodology
  - Long-form survey is a two-page mail survey (25 questions include one request for patient comments)
  - Web-based survey (25 questions)

Survey Design (continued)

- Contract SOW seeks ≥ 200,000 completed surveys/yr for a 5 year period, and a minimum 20% response rate
- Reporting
  - Reports available on password protected .mil website.
  - Contractor produces bi-weekly reports for each provider, clinic, MTF, Regional Medical Command (RMC), and BUMED
  - Comments Summary Report categorizes patients' positive and negative comments focusing on the Encounter, Access to Care, Ancillary, and Facility questions

What Navy Medicine Patients are Telling Us

- With an average of 200,000 completed surveys per year and a 22% response rate, Enterprise level satisfaction scores per category are:
  - Encounter 89%
  - Access to Care 81%
  - Facility and Support Staff 92%
  - Net Promoter 89%
  - Familiarity with Provider 34%

What Navy Medicine Patients are Telling Us

- FY09 benchmarking shows Navy Medicine exceeds Civilian HMOs for all encounter questions except Familiarity with the Provider

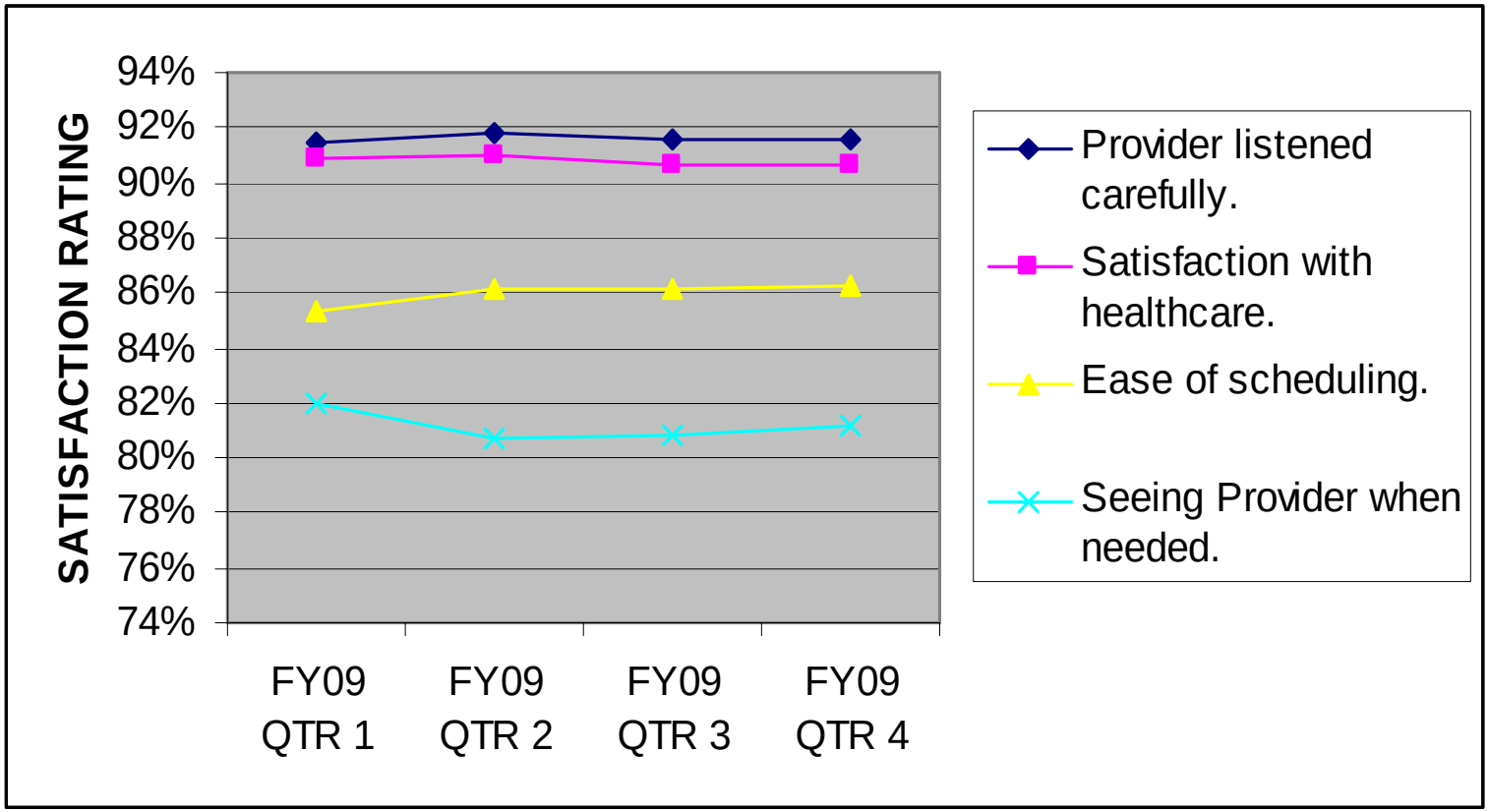
What Navy Medicine Patients are Telling Us

Navy Medicine Satisfaction Survey Scorecard FY09 Benchmarks

Encounter Questions	Navy	Civilian HMOs
Net Promoter	89%	81%
Required Time Spent	90%	96%
Listened Carefully	91%	97%
Explained Approach to Care	92%	84%
Explained Study Results	87%	82%
Explained Treatment and Follow-up Plan	89%	84%
Helped Manage Pain	84%	72%
Satisfaction With Provider	91%	86%
Case Management	83%	70%
Familiarity With Providers	33%	72%

Civilian HMOs - BC/BS; Kaiser Permanente; Aetna; United Healthcare; and FEHBP

Navy Medicine Satisfaction Rating for Common Questions



How Survey Data is Used

- Implementation of Best Practices
  - Management of patients' pain
  - Ease of scheduling
  - Seeing provider when needed
  - Pharmacy wait-time
- Patient Satisfaction Survey (PSS) linked to NAVMED Strategic Goals
- PSS Access To Care metrics incorporated into the FY10 Business Planning Process

Agenda

Part I

- **Introduction to Survey Methodology:** Dr. Tom Williams
  - Purposes of surveys, expectations, strengths and limitations
- **MACRO-Level/ Enterprise Wide Surveys**
  - Overview of MHS Survey Program: Dr. Rich Bannick
  - DoD Population-Based Surveys: Dr. Rich Bannick
  - DoD Event-Based Surveys: LTC Lorraine Babeu
- **Service-Level Perspective: Event-Based Surveys**
  - Army: Dr. Melissa Gliner
  - Navy: CAPT Linda Niemeyer

Q &A & Break

Part 2

- Air Force: Col Jim Neville, MC

- **The Regional Perspective**: Mr. William H. Thresher
- **The MTF Perspective**: CAPT Maureen Padden, MD
- **Wrap Up and Q & A**

Session: What Our Beneficiaries Tell Us About Accessing the MHS:
Their Experiences and Satisfaction

Knowledge Gained from the Air Force Service Delivery Assessment (SDA)

James Neville, Col, USAF, MC, FS
Air Force Medical Operations Agency

January 26, 2010

Assessing Customer Satisfaction

- AFMS Service Delivery Assessment (SDA)
  - Systematic contracted telephone survey
  - 7-10 questions
    - Likert scale responses
    - 7 are fixed and common
    - 0-3 at MTF/CC discretion
  - Patients contacted within 72 hours of appt.
- Local Patient Comment Cards
  - “Convenience” sample
  - Handled at MTF level

Assessing Customer Satisfaction

- AFMS Service Delivery Assessment (SDA)
  - Systematic contracted telephone survey
  - 7-10 questions
    - Likert scale responses
    - 7 are fixed and common
    - 0-3 at MTF/CC discretion
  - Patients contacted within 72 hours of appt.
- Local Patient Comment Cards
  - “Convenience” sample
  - Handled at MTF level

SDA Background

- Purpose of SDA
  - Assess customer satisfaction with delivery of outpatient services at AF MTFs
    - Comparable across AF MTFs
    - Comparable across Services
  - Provide leadership with actionable data to drive improvements

Air Force & AFMS Priorities

Reinvigorate the Nuclear Enterprise

Deliver Best Medical Reliability for the Nuclear Mission

Partner with Joint and Coalition Team to Win Today's Fight

Enhance Full Spectrum Medical Capabilities to Support Winning Today's Fight

Develop and Care for Airmen and their Families

Implement Patient-Centered Care to Sustain Healthy and Resilient Airmen & Families

Modernize our Air and Space Inventories, Organizations & Training

Advance Medical Capabilities through Research & Infrastructure Recapitalization

Recapture Acquisition Excellence

Build Interoperability & Medical Acquisition Expertise

Air Force & AFMS Priorities

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SDA fits here

Modernize our Air and Space Inventories, Organizations & Training

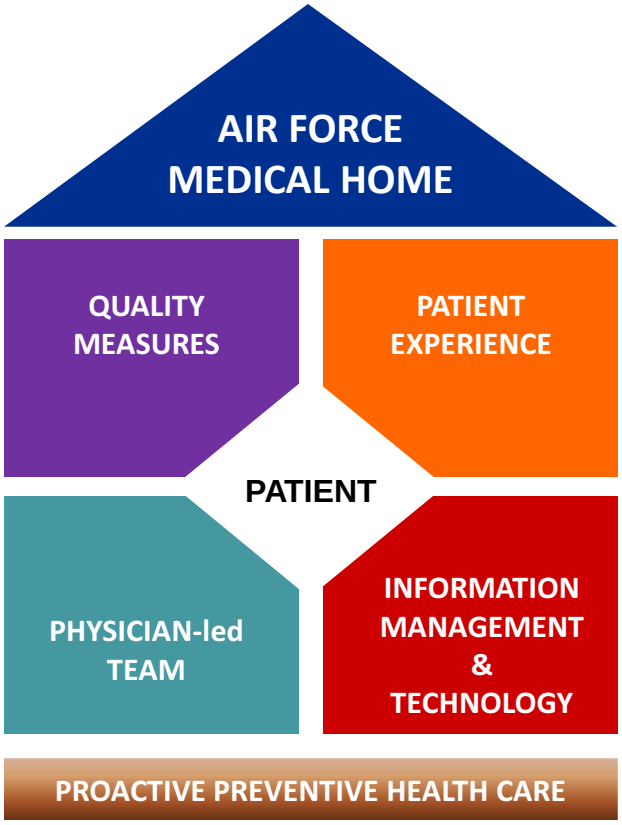
Advance Medical Capabilities through Research & Infrastructure Recapitalization

Recapture Acquisition Excellence

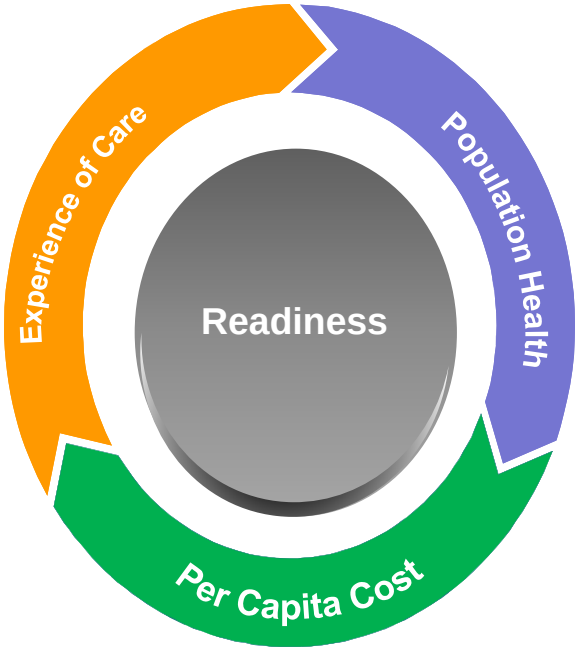
Build Interoperability & Medical Acquisition Expertise

AFMS Priorities & MHS Quadruple Aim

AF Patient-Centered Care

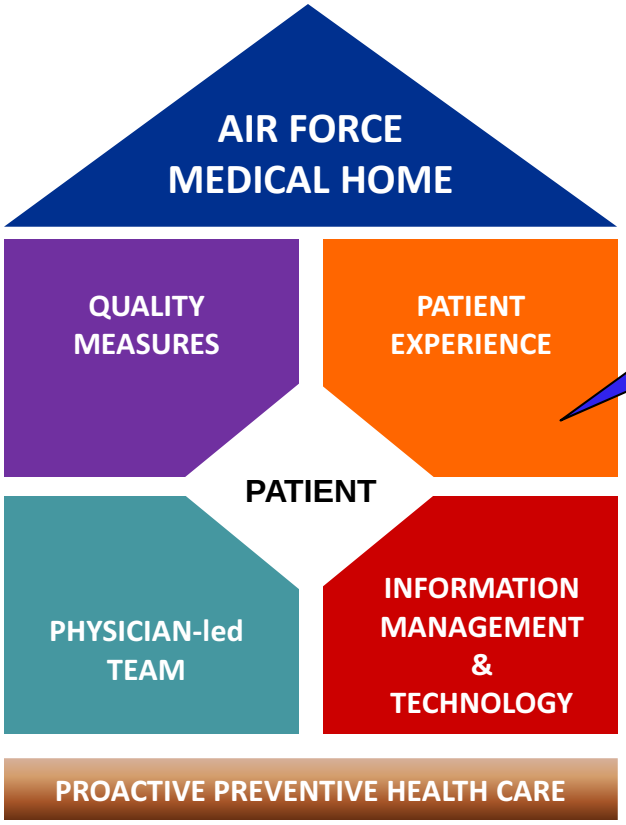


MHS Quadruple Aim



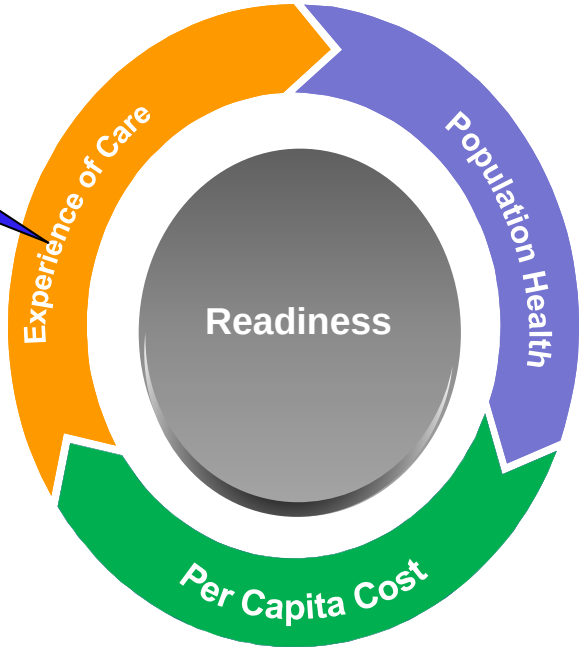
AFMS Priorities & MHS Quadruple Aim

AF Patient-Centered Care

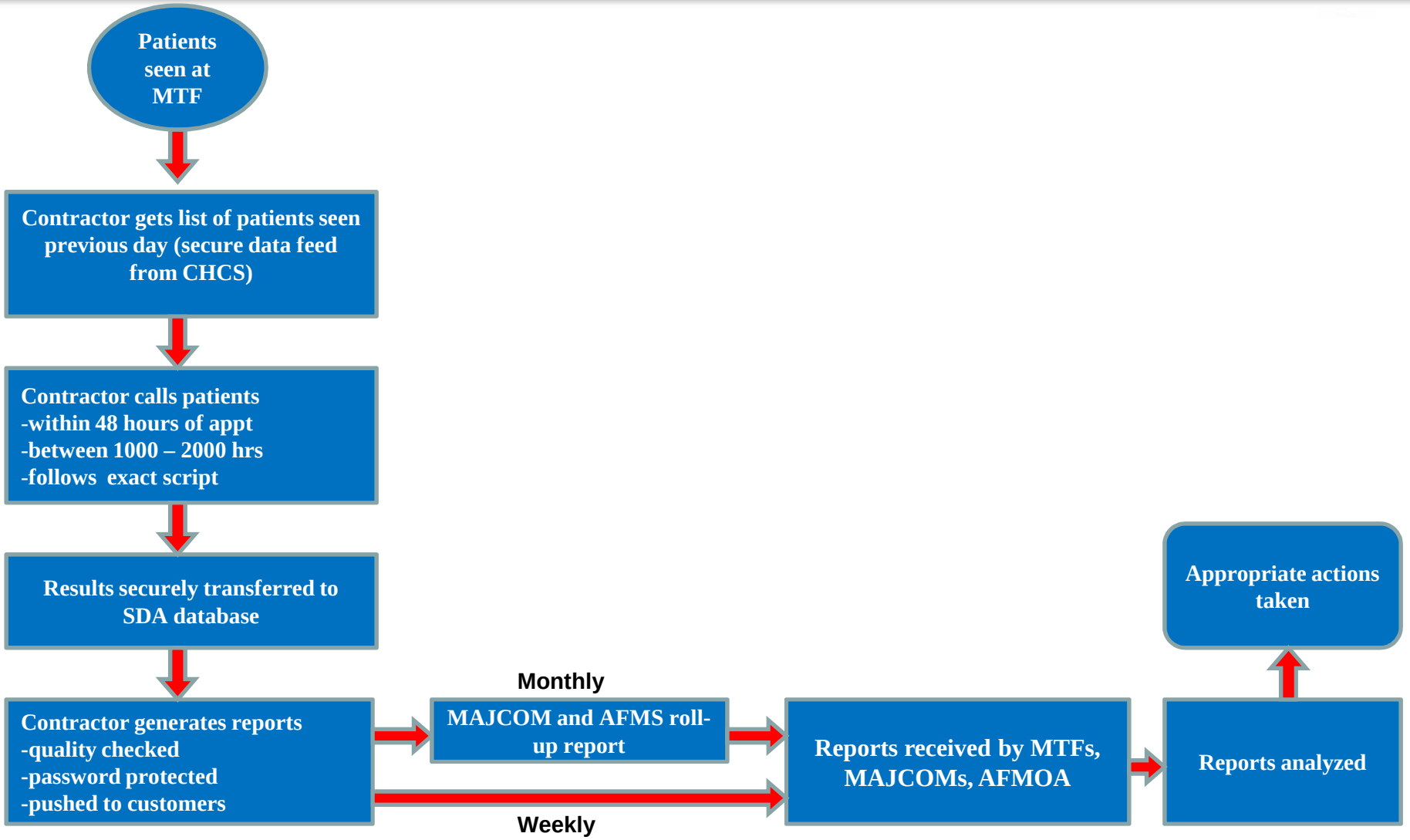


SDA assesses this

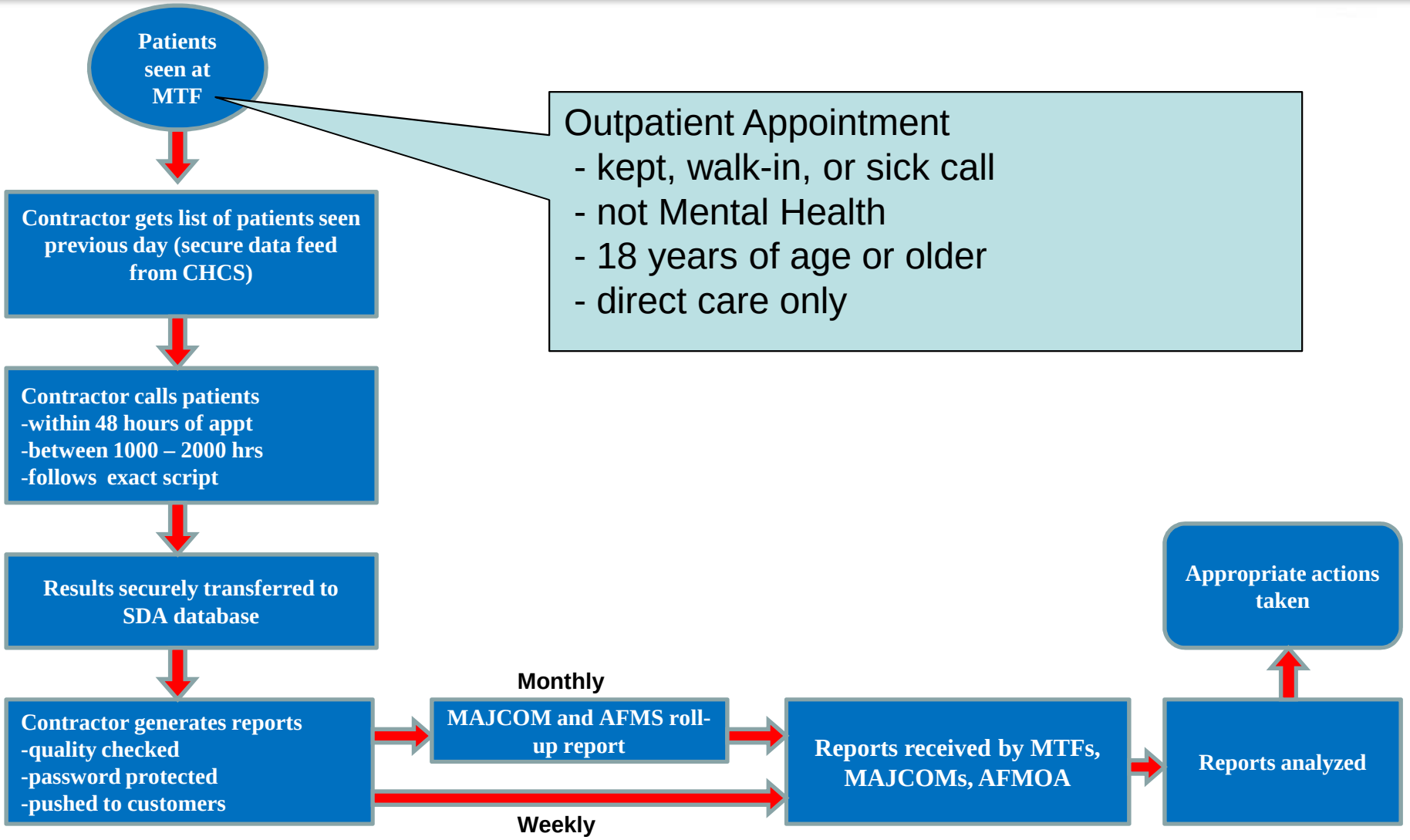
MHS Quadruple Aim



AF SDA Process



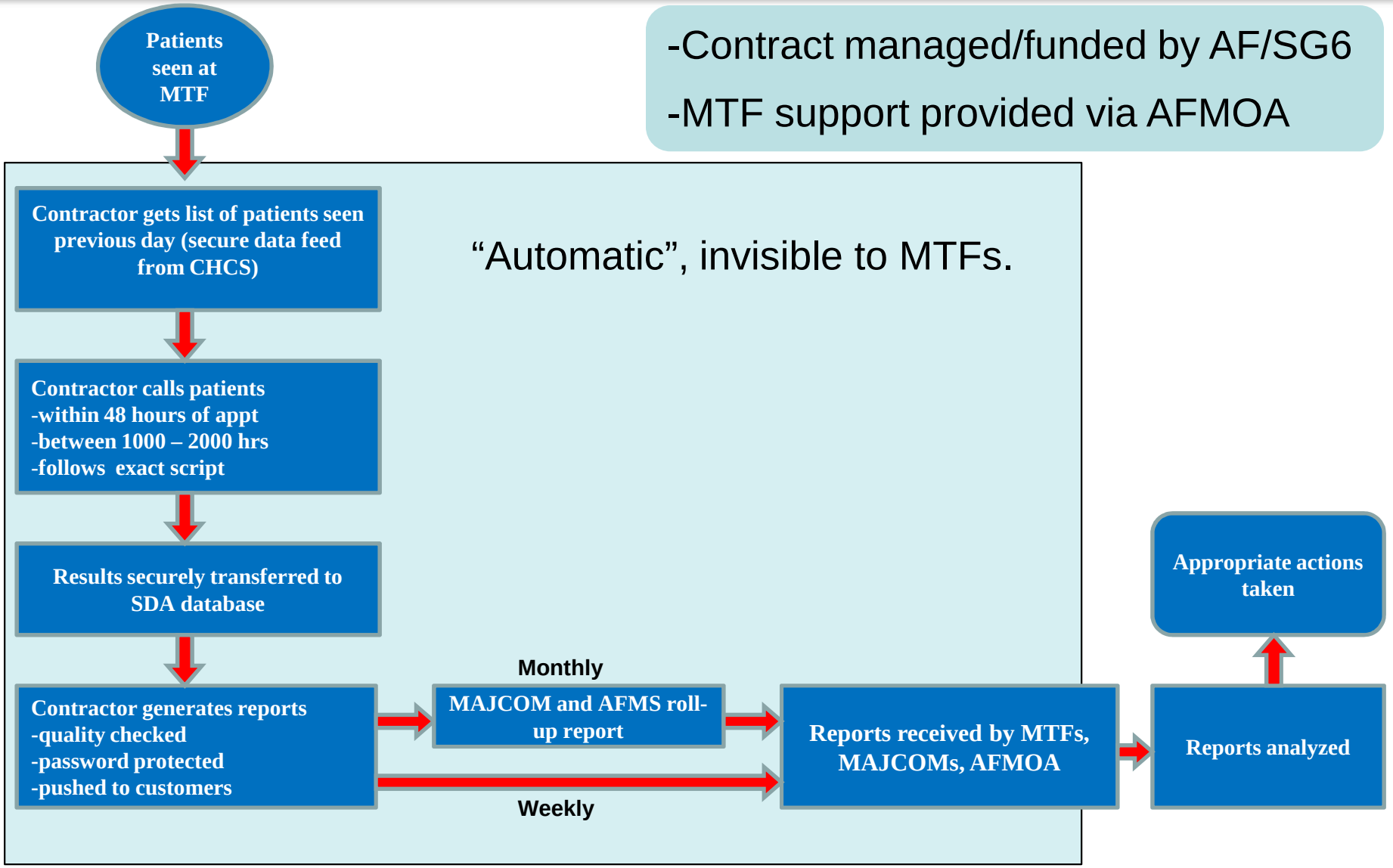
AF SDA Process



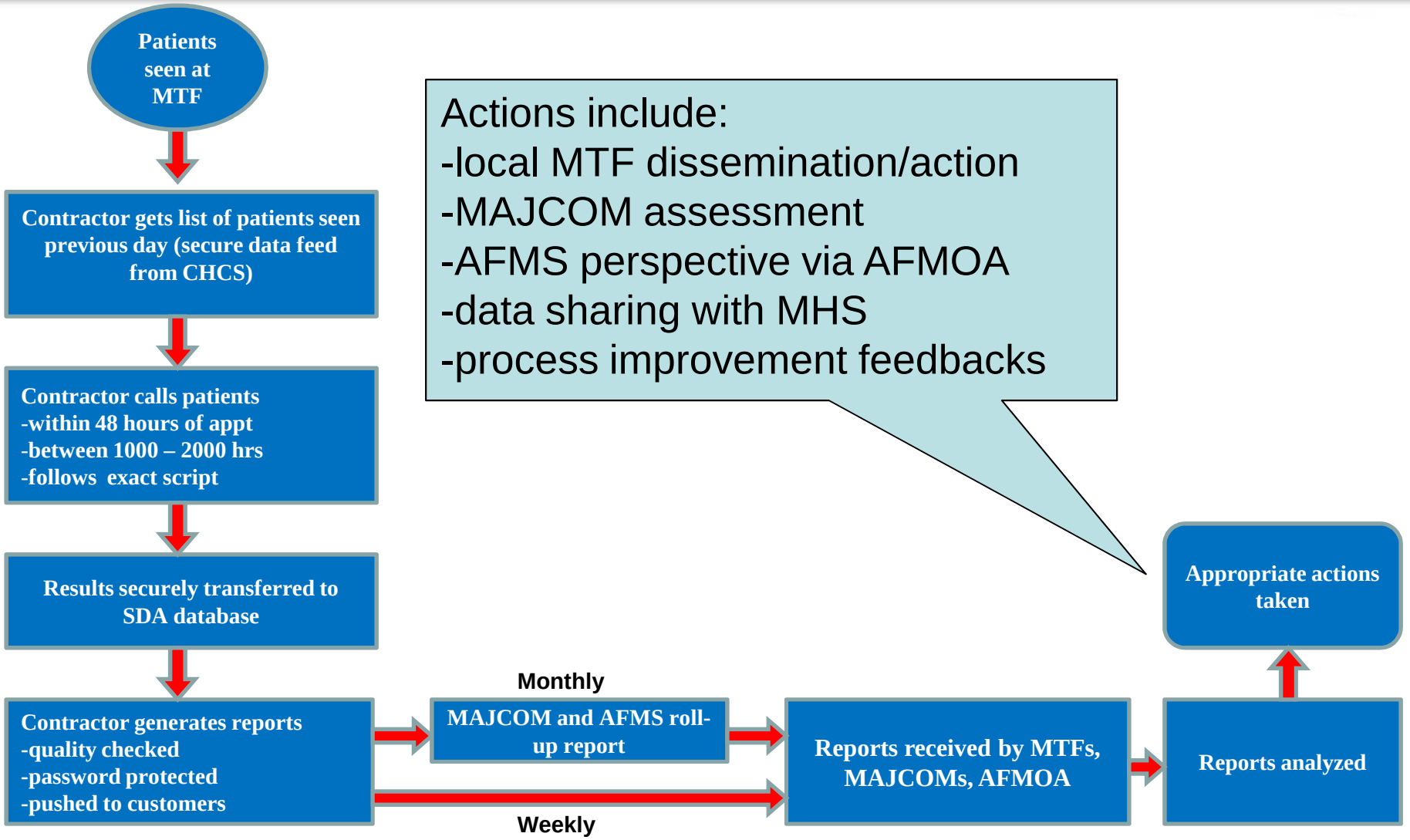
AF SDA Process

-Contract managed/funded by AF/SG6

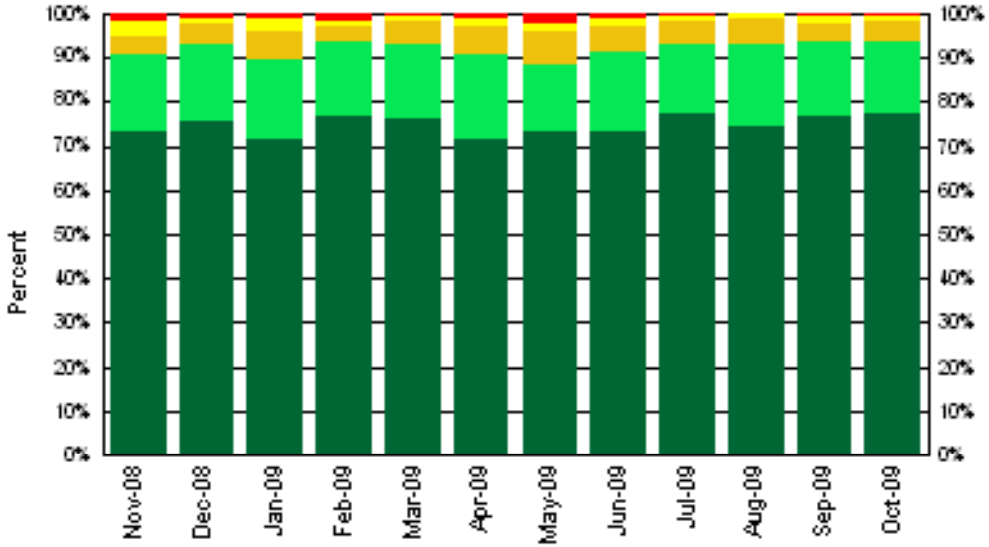
-MTF support provided via AFMOA



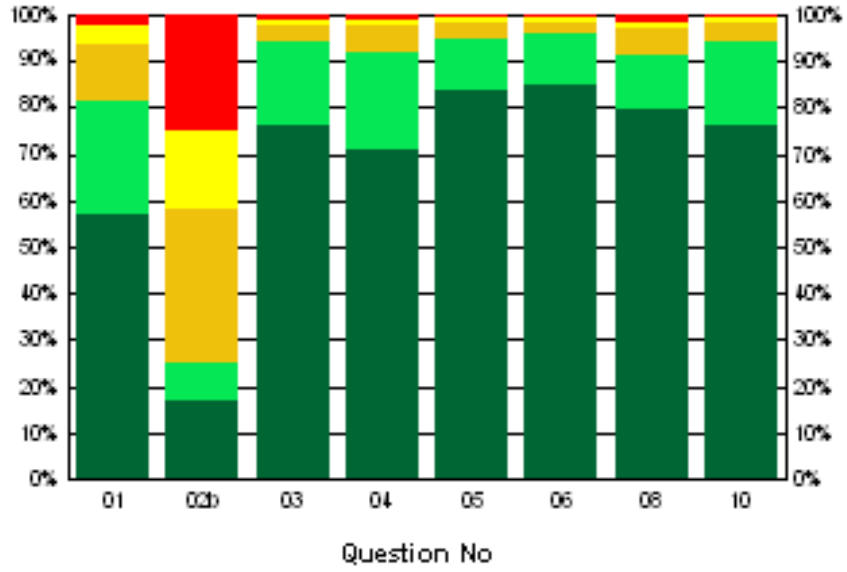
AF SDA Process



MTF Level



Historical summary of overall satisfaction

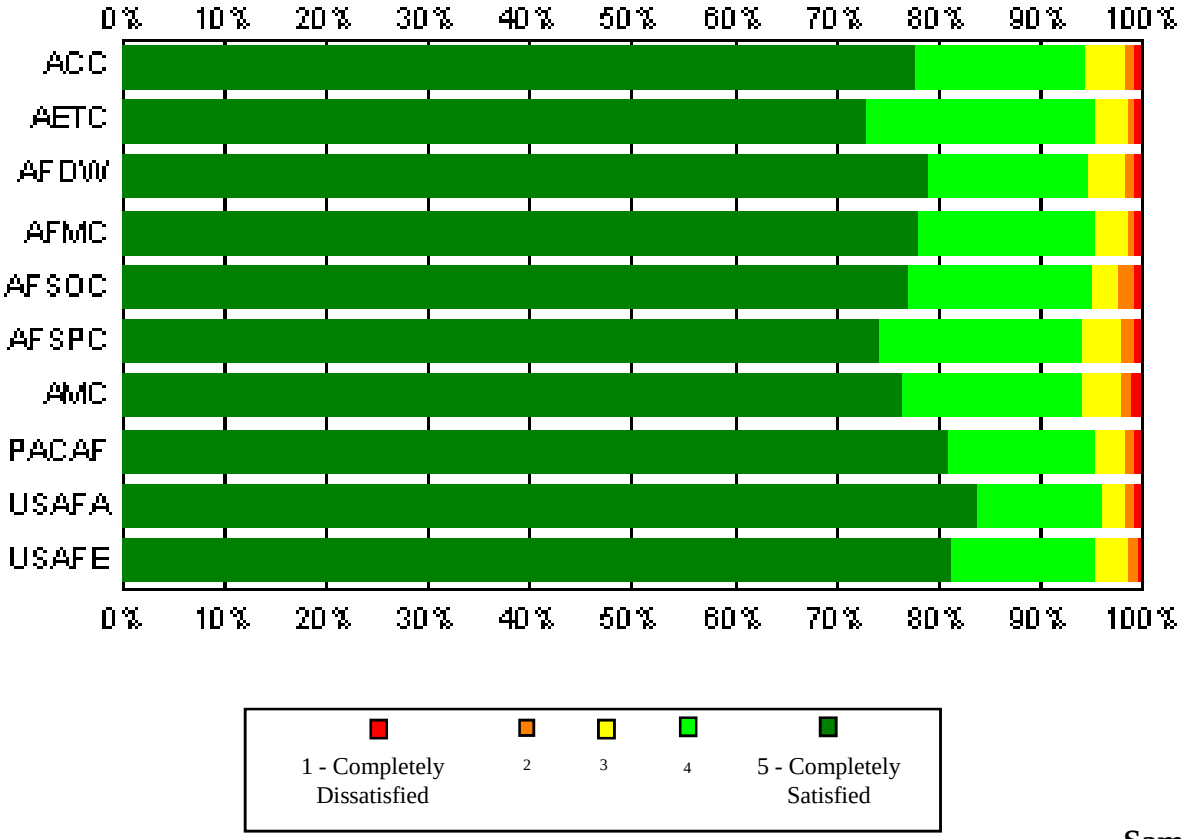


Week's results by question (not chronologic)

- Patient comments (happy or mad) obtained during the surveys are also recorded on the weekly reports
- MTFs get only their own reports, not others'

MAJCOM-Level Roll-Ups

Q3: On a scale of 1 to 5, with 1 being "Completely Dissatisfied" and 5 being "Completely Satisfied", overall, how *satisfied are you with the health care you received?*

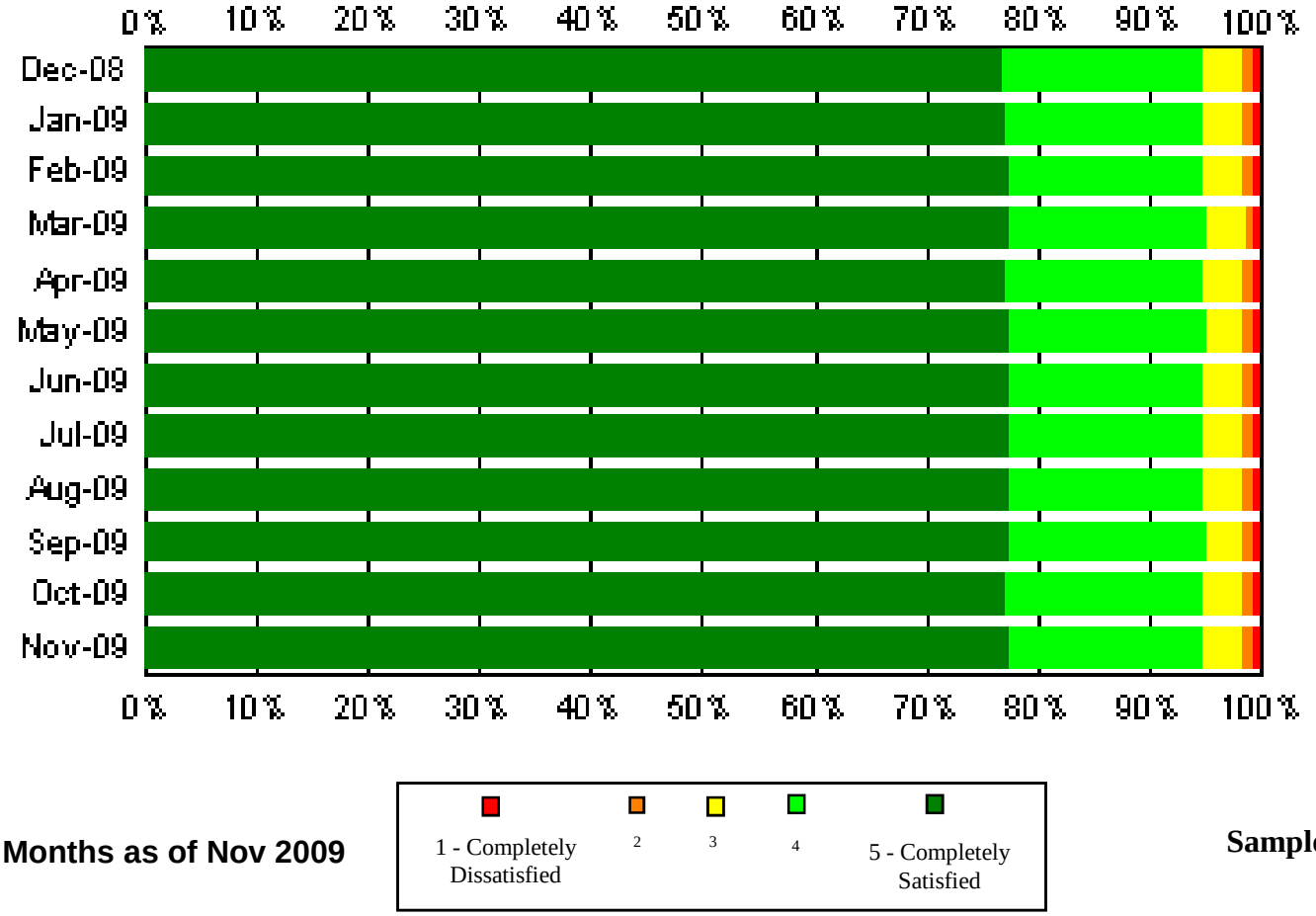


Recent 12 Months as of Nov 2009

Sample Size: 18,422

AFMS-Level Roll-Ups

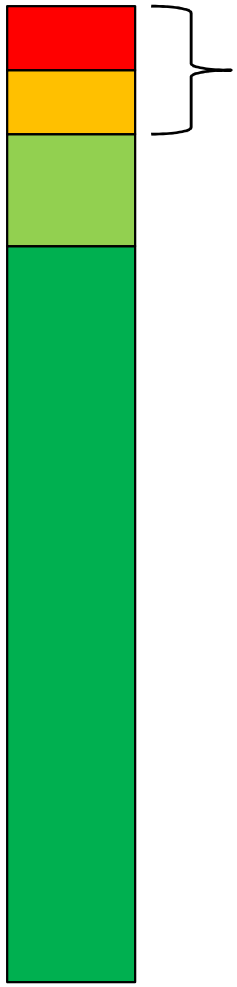
Q3: On a scale of 1 to 5, with 1 being "Completely Dissatisfied" and 5 being "Completely Satisfied", overall, how *satisfied are you with the health care you received?*



Recent 12 Months as of Nov 2009

Sample Size: 18,422

“Cutting Into the Red”



878 responded “1 or 2” (dissatisfied) (5.51%)

696 negative comments were recorded

525 related to lack of appointment availability (75%)

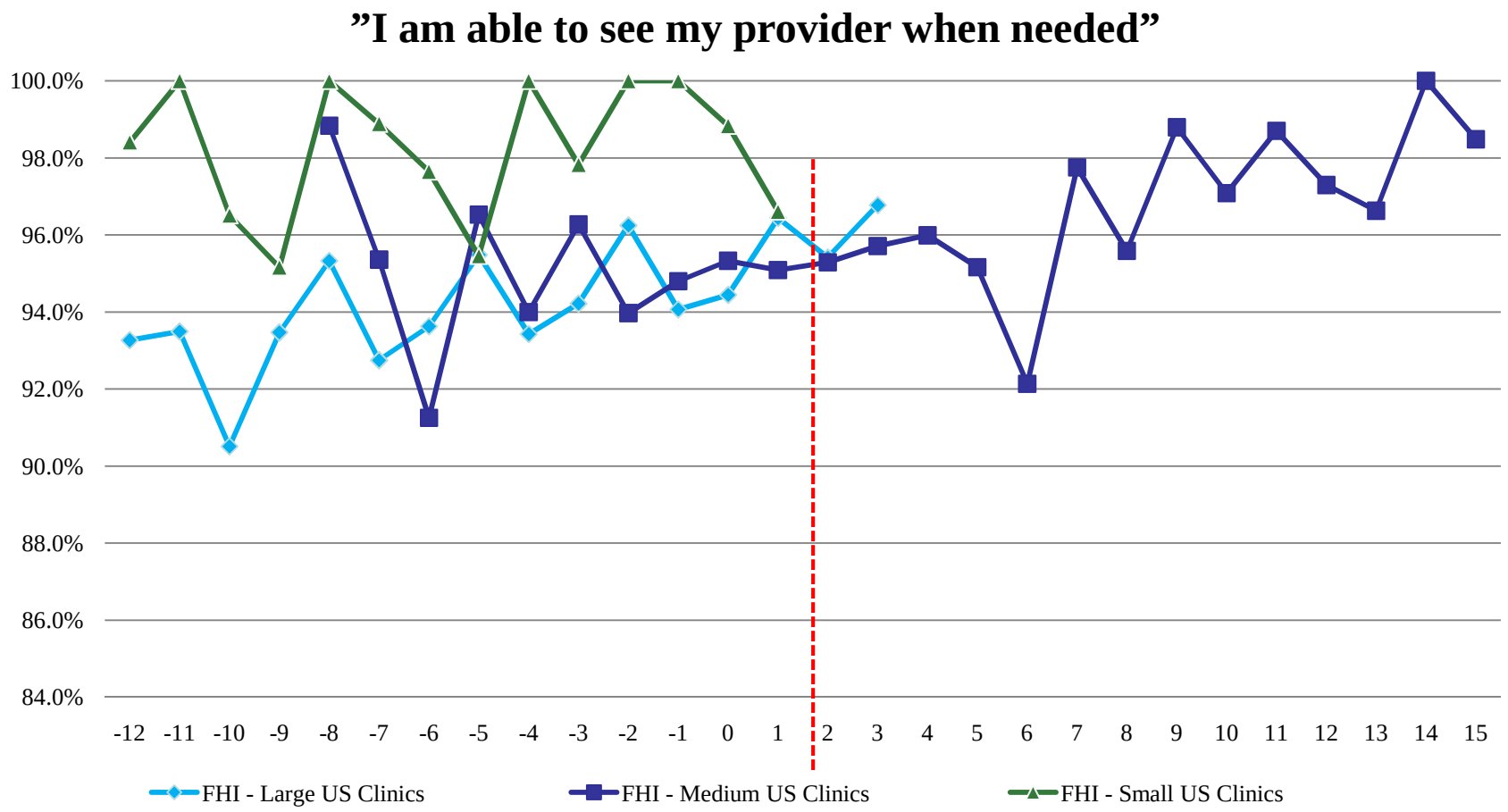
(4 times the number of any other category of negative response)

So, how to improve appointment availability?

- Family Health Initiative
- Local clinic process improvement events

N=15,894 over 4 weeks, Summer 2009

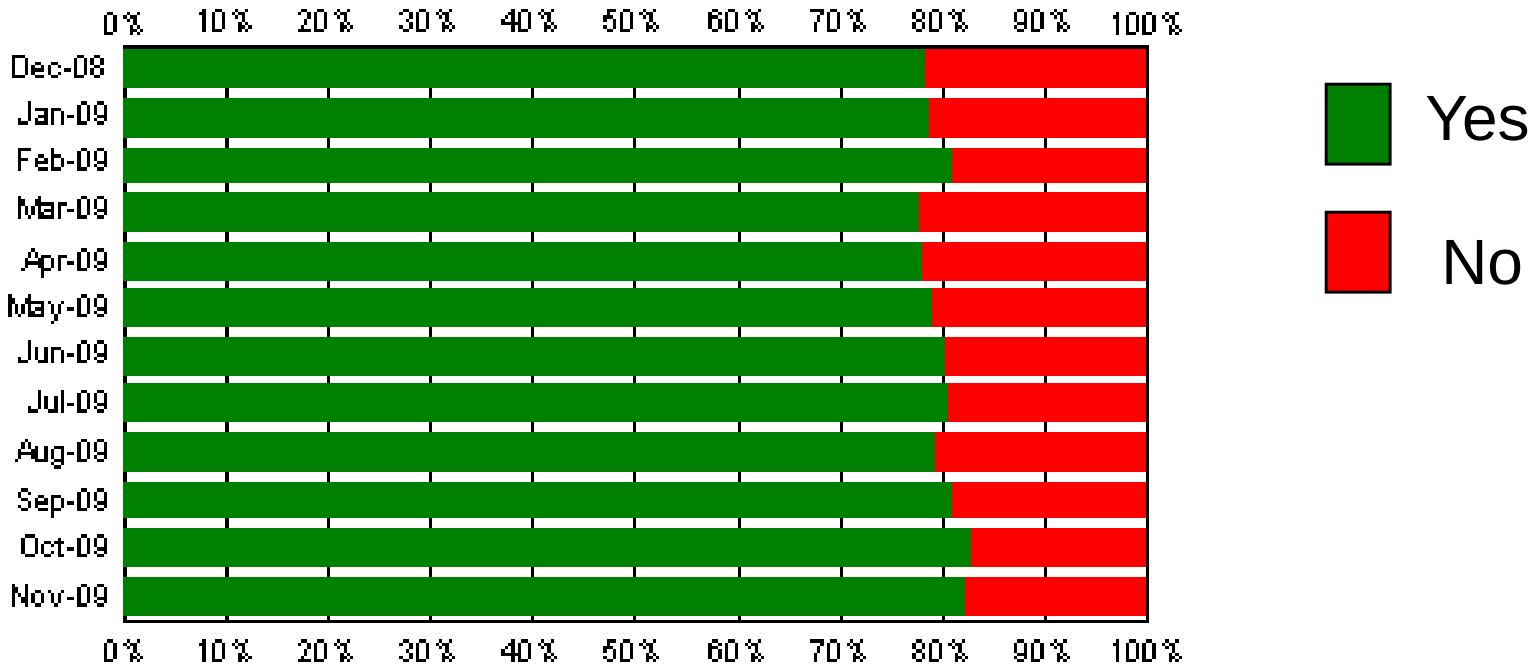
Pre- and Post-PCMH Implementation



PCMH: Patient Centered Medical Home
(Program being implemented at AF MTFs)

Sample "Trend" Identification

- **Q7b: If changes were made to your medications, did you receive a complete list of your current medications?**



Summary

A Culture of Service… We are “All In”

“Every day you have the ability to make someone’s life better -- Do it!”

- Lt Gen C. Bruce Green, AF/SG

Session: What Our Beneficiaries Tell Us About Accessing the MHS:
Their Experiences and Satisfaction

Improving Beneficiary Satisfaction: The Regional Perspective

Mr. William H. Thresher, SES
Director, TRICARE Regional Office-South

January 26, 2010

"By doing nothing more than observing and acting on the obvious, a person can change the world"

- Buckminster Fuller

Source: Clear Possibilities, 336.327.7429

National Survey Results of Outpatient Perspectives on American Health Care

- Patient Satisfaction with outpatient health care is improving
  - High satisfaction with tests, treatment, and overall care
  - Less satisfied with facilities and registration process
  - 18-34 year olds most likely to be dissatisfied
- Factors influencing patient satisfaction
  - Respect, sensitivity and teamwork
  - Ability of staff to respond effectively to patient concerns
  - Short wait time in clinic improves satisfaction
  - Early appointment time – happier patients

Customer Satisfaction Survey
Regional Goals

- Aspirations:
  - Obtain information that is actionable
  - Determine root cause of customer dissatisfaction
  - Focus efforts:
    - Variability of responses by community-based markets
    - Outliers
    - Compare PEER Groups
  - Manage actions to improve customer satisfaction
  - Reassess/Adjust

Customer Satisfaction Survey Regional Review Process

- Survey Tools
  - Healthcare Survey of DoD Beneficiaries (Consumer Watch Report) (HCSDB)
  - TRICARE Inpatient Satisfaction Survey (TRISS)
  - TRICARE Outpatient Satisfaction Survey (TROSS)
  - MTF CDR's Award Fee Surveys

Healthcare Survey of DoD Beneficiaries

South Region FY07 Healthcare Survey of DoD Beneficiaries Results

	Ease of Access		Communication and Customer Service				Ratings			
	Getting Needed Care	Getting Care Quickly	Courteous and Helpful Office Staff	How Well Doctors Communicate	Customer Service	Claims Processing	Health Plan	Health Care	Personal Doctor	Specialty Care
Benchmark	77	77	91	90	63	88	61	73	74	74
All Users	68	65	86	84	59	86	60	60	67	70
Standard/Extra Users	76	74	92	89	61	88	59	74	75	73
Enrollees with Civilian PCM	68	72	88	88	60	86	65	67	66	72
Enrollees with Military PCM	*66*	*60*	*84*	*82*	58	84	59	*54*	65	69
Active Duty	*66*	*60*	*83*	*81*	56	83	53	*50*	62	67

Metric is < 5 percentage points below National benchmark

Metric is > or = to 5 percentage points above National benchmark

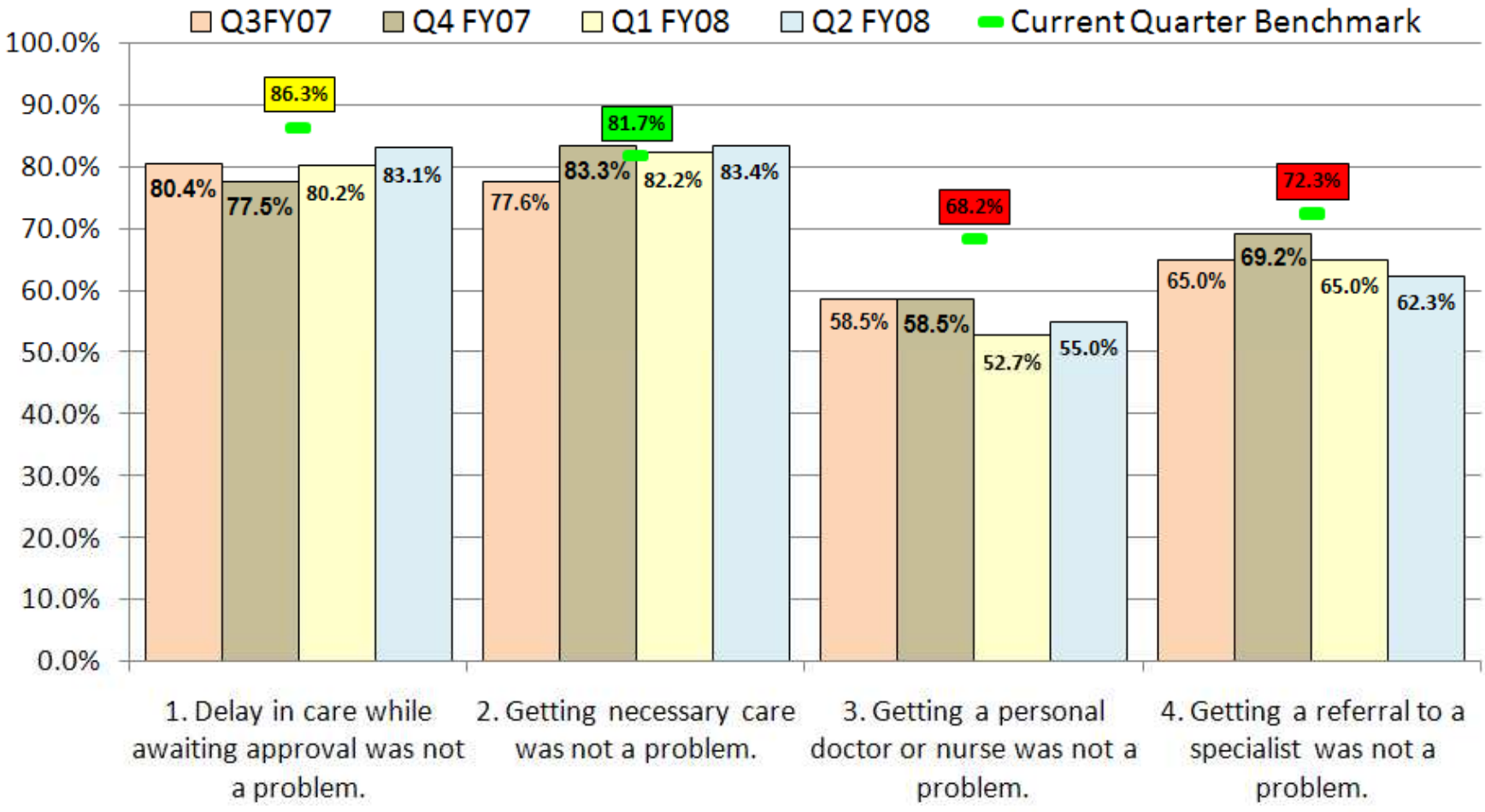
Metric is > or = to 5 percentage points below National benchmark

Benchmark - 2006 National Consumer Assessment of Healthcare Providers and Systems

Healthcare Survey of DoD Beneficiaries Purchased Care – Review Process

- South Region requested raw detail survey data from TMA (HPA&E)for the metrics, “Getting Needed Care” and “Getting Care Quickly”
  - Received response data from 4 states receiving most negative responses.
  - Plotted survey data by states with lowest scores to identify areas for the TRICARE contractor to take appropriate action to improve customer satisfaction.

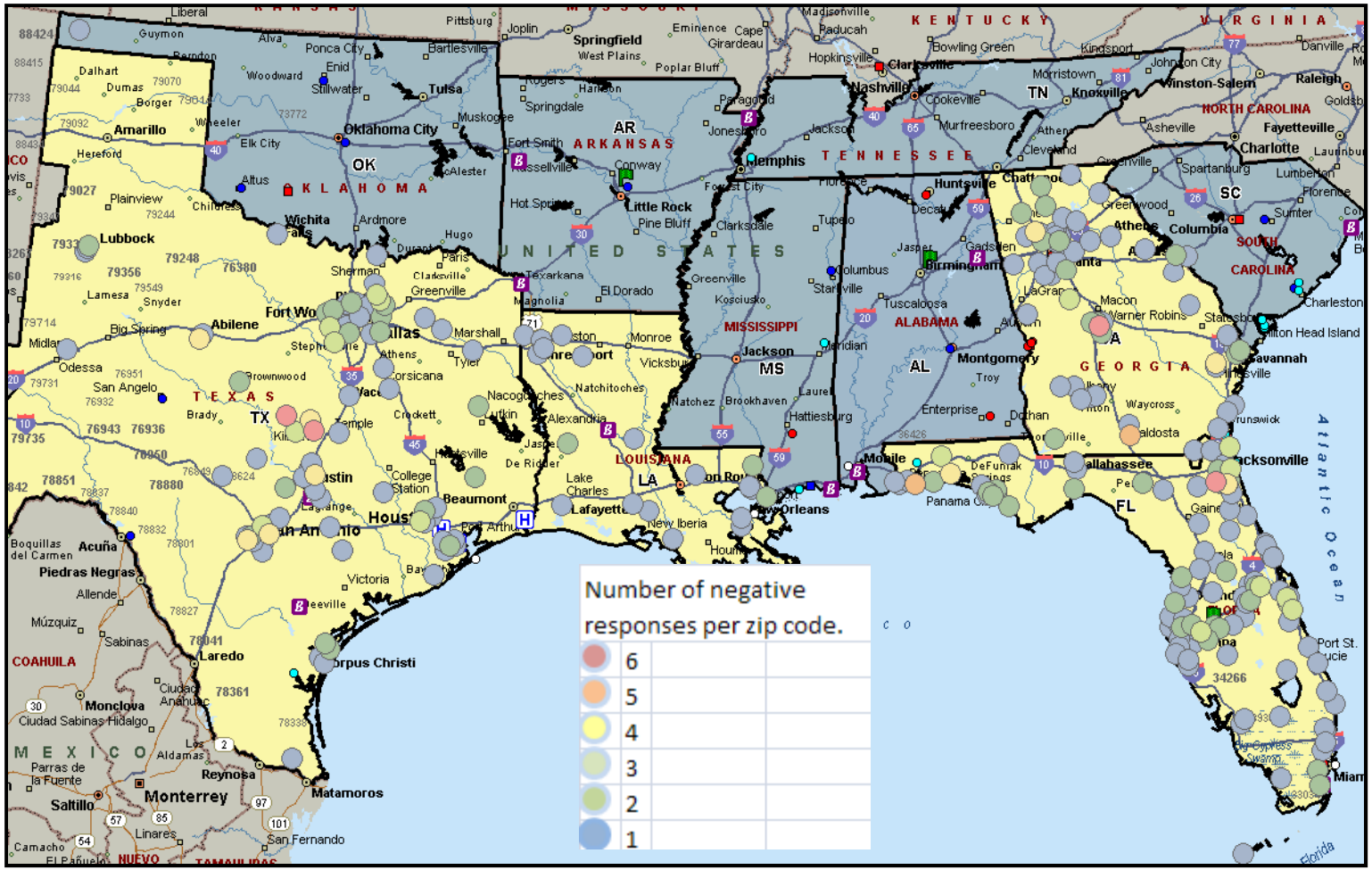
Consumer Watch Report: Composite Metric Individual Questions for "Getting Needed Care"



Benchmarks represents most current quarter benchmark only.
Benchmark scores (box color): red = significantly below (p <.05) Green = above ; Yellow = below benchmark but not significantly below.

Finding a Personal Doctor - FY 07

Drilling to All Zip Codes with negative responses in the four states with the lowest survey results



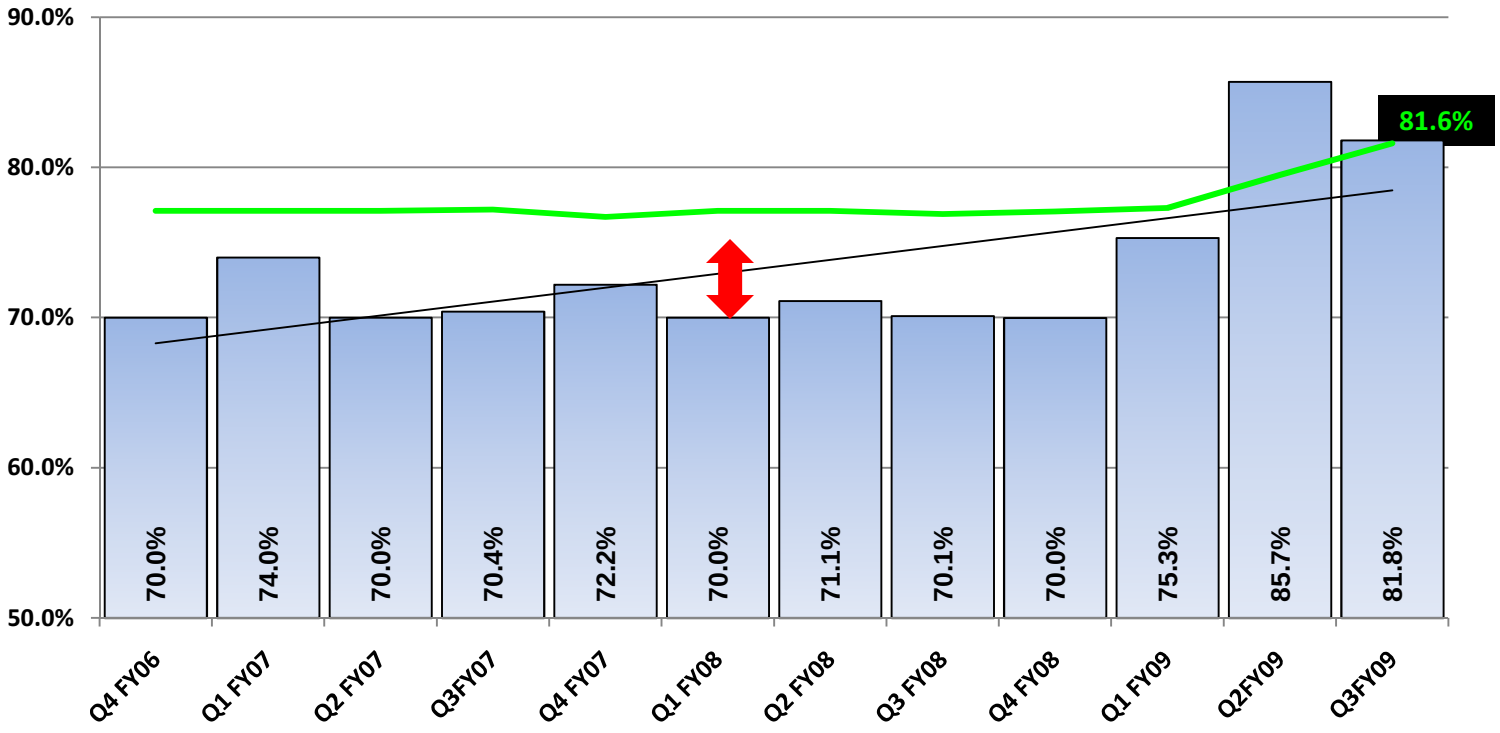
TRICARE Consumer Watch Report
Purchased Care

Actions Taken to Improve Customer Satisfaction

- Drill down data identified areas in South Region that needed the network strengthened. From Dec 07 to Dec 08 civilian network providers were increased as follows:
  - Atlanta, GA: 298
  - Northern FL: 274
  - Central FL: 653
  - Dallas/Ft Worth, TX: 637
  - Ft Hood, TX: 131
- Articles on the results of customer satisfaction surveys and the importance of improving customer satisfaction were placed in provider newsletters
- Humana Military continues to review the PCM capacity of all network PCMs to ensure validity of PCM panels

Customer Satisfaction Results

Getting Needed Care



TROs were directed by TMA in 1QFY08 to taken action to improve survey results.

FY07 HCSDB Results: Community Level

SOUTH Region										
FY07 HCSDB Results - Ft Hood, TX-										
	Ease of Access		Communication and Customer Service				Ratings			
	Getting Needed Care	Getting Care Quickly	Courteous and Helpful Office Staff	How Well Doctors Communicate	Customer Service	Claims Processing	Health Plan	Health Care	Personal Doctor	Specialty Care
Benchmark	77	77	91	90	63	88	61	73	74	74
All Users	68	60	84	81	55	93	57	47	63	75
Prime Enrollees	67	59	84	81	54	94	59	47	63	74
Enrollees with Military PCM	63	56	83	78	48	***	57	43	70	73
Active Duty	64	59	82	80	***	***	52	39	***	***

● Metric is < 5 percentage points below National benchmark

● Metric is > or = to 5 percentage points above National benchmark

● Metric is > or = to 5 percentage points below National benchmark

Benchmark - 2006 National Consumer Assessment of Healthcare Providers and Systems

FY08 HCSDB Results: Community Level

SOUTH Region

FY08 HCSDB Results - DAMC-

	Ease of Access		Communication and Customer Service				Ratings			
	Getting Needed Care	Getting Care Quickly	Courteous and Helpful Office Staff	How Well Doctors Communicate	Customer Service	Claims Processing	Health Plan	Health Care	Personal Doctor	Specialty Care
Benchmark	77	77	91	90	63	88	61	73	74	74
All Users	70*	61*	83	89*	80*	88	65*	59*	60	75
Prime Enrollees	70*	60*	82	89*	80*	89	65*	58*	59	76*
Enrollees with Military PCM	71*	56	78	89*	***	83	61*	53*	57	76*
Active Duty	70*	55	72	88*	***	***	53*	49*	***	76

Metric is < 5 percentage points below National benchmark

Metric is > or = to 5 percentage points above National benchmark

Metric is > or = to 5 percentage points below National benchmark

*** 19 metric scores improved from FY 07 to FY08**

Benchmark - 2006 National Consumer Assessment of Healthcare Providers and Systems

FY 10 Healthcare Survey of DoD Beneficiaries Review Process

- Review network adequacy for provider shortages that might cause dissatisfaction
- Review referral rates to MTF/Network to identify specialty shortages that are below standards
- Review referral appointment date to encounter date to identify ATC issues
- Review drive time distances between beneficiaries and providers to identify ATC issues
- Review complaints on providers that might contribute to dissatisfaction
- Compare HCSDB and TRICARE Outpatient Satisfaction Survey results to validate dissatisfaction

Ft. Hood — REFERRAL ANALYSIS — Oct. 2009

MTF to Purchased Care Mar-May 09

Type of Service	Beneficiary Category	Total Referrals	*Peer Referral Avg*	Ref per 1000 Bene	*Peer 1000 per Bene*	Avg # Days Auth to Svs	Peer Avg Auth to Svs	% No Claim	% Retro Referral
Behavorial Health	All BenCats	1707	*429*	65	*33*	29.0	*34.9*	47%	1%
	AD Only	1213	*172*	39	*42*	28.3	*18.2*	39%	1%
Dermatology	All BenCats	596	*283*	30	*22*	39.9	*37.0*	29%	2%
	AD Only	16	*37*	3	*9*	51.0	*28.2*	0%	0%
Ear, Nose, and Throat	All BenCats	361	*267*	29	*21*	23.3	*25.4*	28%	3%
	AD Only	79	*28*	5	*7*	14.6	*20.8*	5%	10%
Internal Medicine	All BenCats	1898	*1112*	136	*87*	33.7	*33.3*	25%	2%
	AD Only	454	*165*	62	*40*	26.1	*26.1*	14%	4%
Obstetrics	All BenCats	59	*99*	19	*8*	16.7	*20.4*	19%	3%
	AD Only	13	*18*	3	*4*	30.1	*18.9*	8%	8%
Ophthalmology	All BenCats	149	*183*	23	*14*	35.6	*30.1*	17%	7%
	AD Only	14	*15*	12	*4*	15.1	*24.0*	0%	50%
Orthopedics	All BenCats	808	*493*	58	*38*	26.1	*24.3*	26%	3%
	AD Only	168	*70*	18	*17*	20.6	*20.6*	23%	10%
Other- Ancillary Support	All BenCats	1377	*694*	31	*54*	10.8	*15.4*	21%	5%
	AD Only	1267	*443*	87	*108*	10.6	*13.1*	19%	5%
Other- Medical	All BenCats	1116	*1003*	47	*78*	26.4	*18.9*	34%	3%
	AD Only	318	*178*	33	*44*	24.9	*17.0*	26%	4%
Primary Care	All BenCats	716	*806*	134	*63*	23.9	*14.0*	7%	90%
	AD Only	174	*49*	28	*12*	27.1	*13.1*	16%	79%
Radiology	All BenCats	590	*337*	54	*26*	15.5	*11.2*	16%	1%
	AD Only	97	*64*	48	*16*	14.5	*9.1*	26%	2%
Surgery	All BenCats	85	*71*	10	*5*	25.4	*20.4*	15%	9%
	AD Only	18	*8*	4	*2*	22.0	*15.1*	17%	17%
Surgical Subspecialty	All BenCats	702	*537*	72	*42*	38.6	*32.0*	32%	3%
	AD Only	146	*83*	40	*20*	33.4	*23.8*	29%	8%

Data: Mar-May 2009 from MCSCs Referral Reconciliation System, mined on 1-Oct-2009 - next update JAN '10

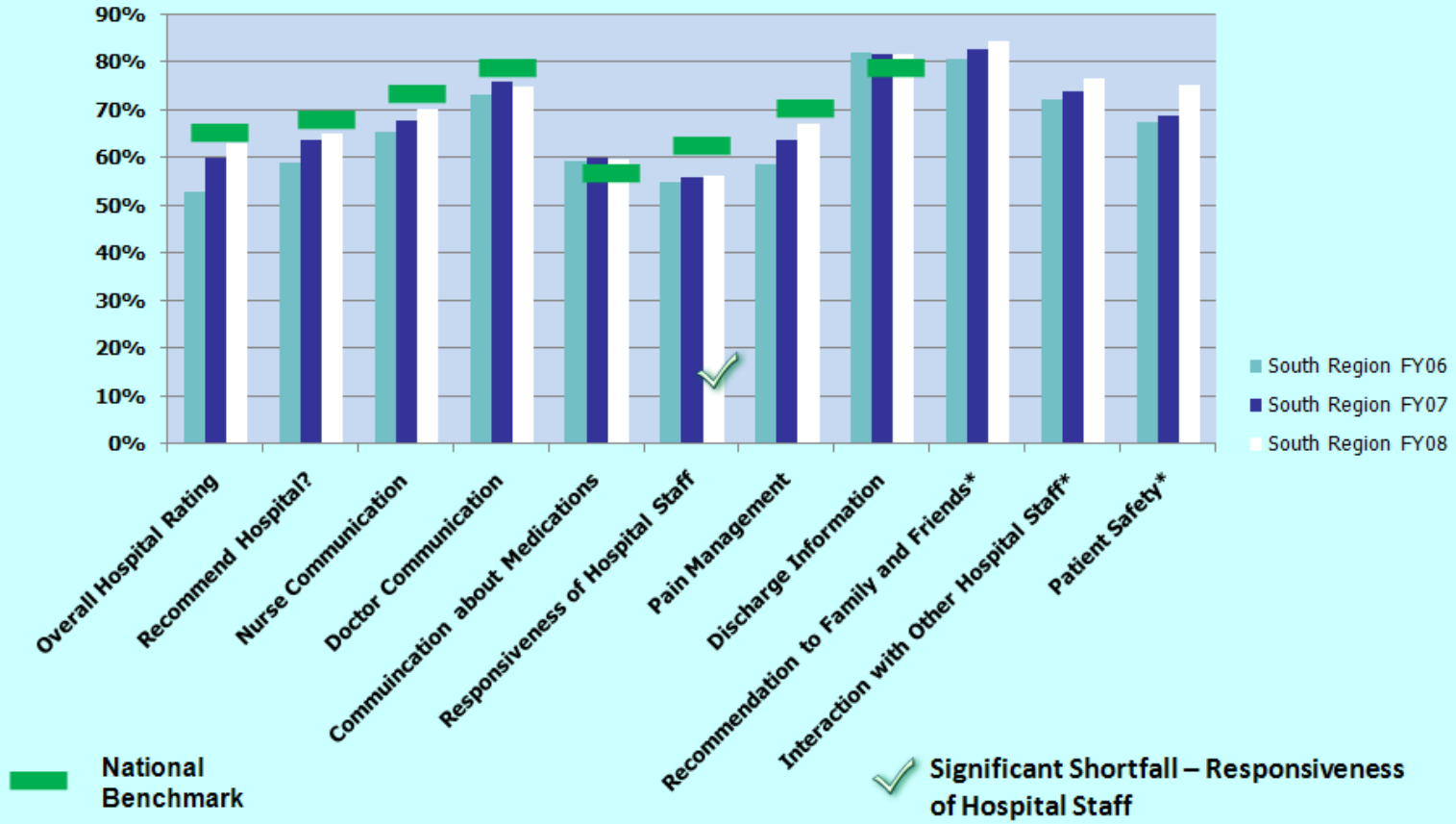
Avg # Days Auth-to-Svs is the average number of days from MCSC authorizing care to first date of service per claims - significant impact by bene choice.

HCSDB Strengths and Challenges

- **Strengths:**
  - Quarterly and annual survey results
  - Survey results easily compared with national benchmarks and across TRICARE Regions and Military Services
  - Consumer Watch Report is valuable tool to follow survey results
  - Reports provide results of 3 enrollment groups , standard/extra users, and 3 beneficiary categories
- **Challenges:**
  - Limited drill down data are available on a quarterly/annual basis outside the MTF catchment areas to identify communities with low satisfaction
  - Precision of satisfaction and access estimates are too broad for most civilian sub-regional levels outside MTF catchment area
  - Cannot identify providers who cause low satisfaction – survey is not event-specific, reflecting care received over the past 12 months
  - Reports do not identify whether care was received from a DC or PC provider – survey is not event-specific, reflecting care received over the past 12 months.

TRICARE Inpatient Satisfaction Survey (TRISS)

TRICARE Inpatient Satisfaction Survey FY 06-08 – South Region - Aggregate Component



National Benchmark is the Hospital Consumer Assessment of Healthcare Providers and System's Benchmarks

TRICARE Inpatient Satisfaction Survey (TRISS) Purchased Care - Review Process

- In the 2006 TRISS survey: South Region beneficiaries scored significantly below the national benchmark in Obstetrics for two metrics: “Hospital Rating” and “Recommending the Hospital to Others”
- Detail Data from TMA identified:
  - 10 hospitals -118 total negative responses
  - 63 concerned “Hospital Rating” and 55 concerned “Recommending the Hospital to Others”
- One of the 10 hospitals received:
  - 31of the negative responses for “Hospital Rating”
  - 32 of the negative responses for “Recommending the Hospital to Others”

TRICARE Inpatient Satisfaction Survey Purchased Care

Actions Taken to Improve Customer Satisfaction

- Humana Military's Medical Director:
  - Sent a letter to each medical director of hospitals receiving negative responses
  - A courtesy copy of the letter was provided to the facility's Quality Management Committee
- Humana Military also developed and published an article in the provider newsletter:
  - To increase provider awareness of TRICARE beneficiary satisfaction surveys and survey results
  - The importance of improving beneficiary satisfaction with network care
- Humana Military contacted directly the hospital that received the majority of the negative responses

TRICARE Inpatient Satisfaction Survey Purchased Care

Actions Taken to Improve Customer Satisfaction (Continued)

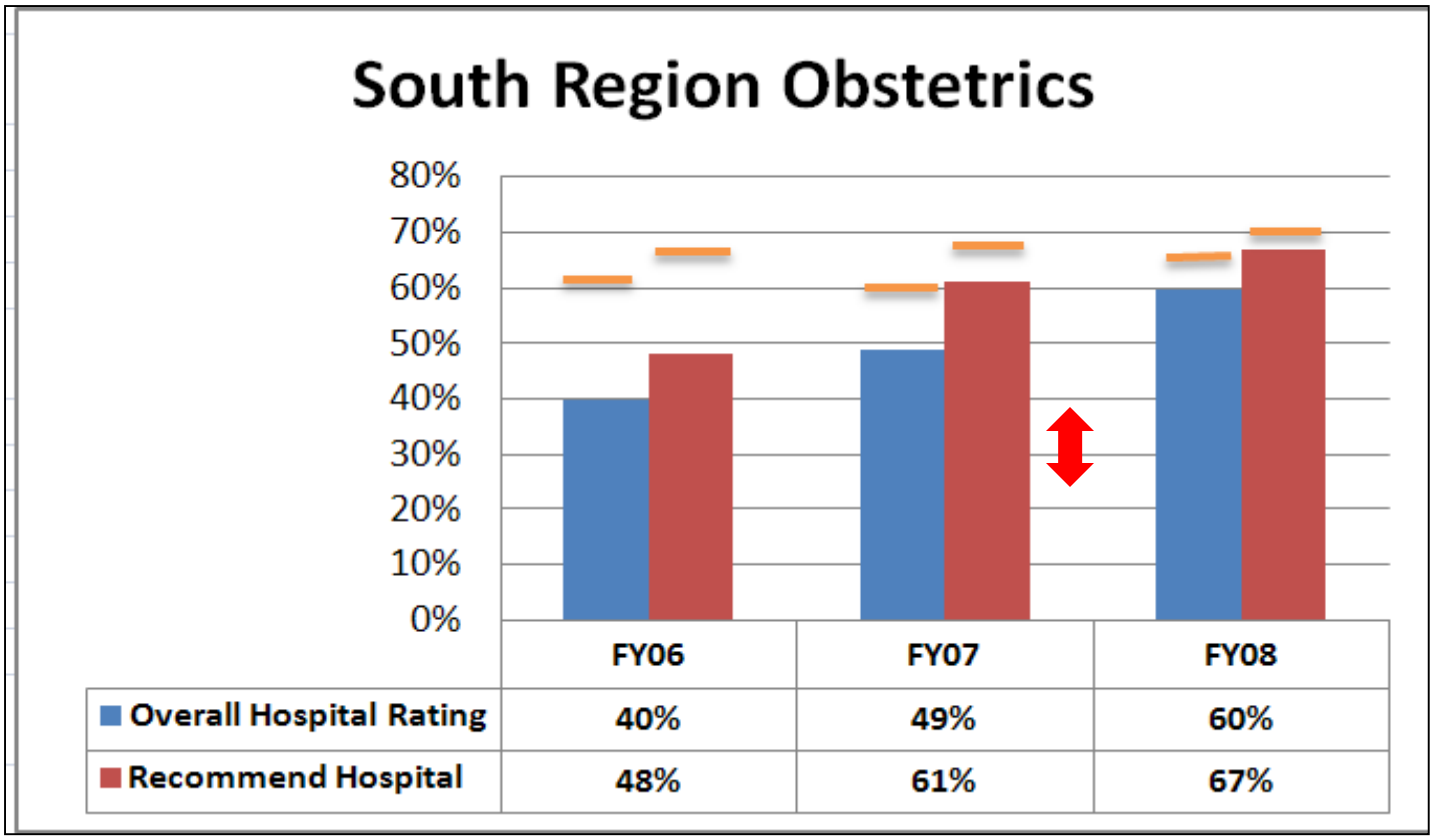
- HMHS made direct contact with one hospital since over 50% of the negative obstetric responses were directed to this facility:
  - The hospital has a resource sharing contract with the local military hospital for obstetric services provided within its facility
  - The local MTF staff indicated that there were also two issues at the civilian

Make Sure You Solve the RIGHT Problem!

res

  - The hospital scored above the national benchmarks for these same metrics in the survey given by the United States Department of Health and Human Services
  - The hospital contracted with an independent company to further survey its beneficiaries and found two reasons for negative responses: semi-private rooms and the quality of the food served to patients

TRICARE Inpatient Satisfaction Survey Purchased Care



	FY06	FY07	FY08
Overall Hospital Rating	40%	49%	60%
Recommend Hospital	48%	61%	67%

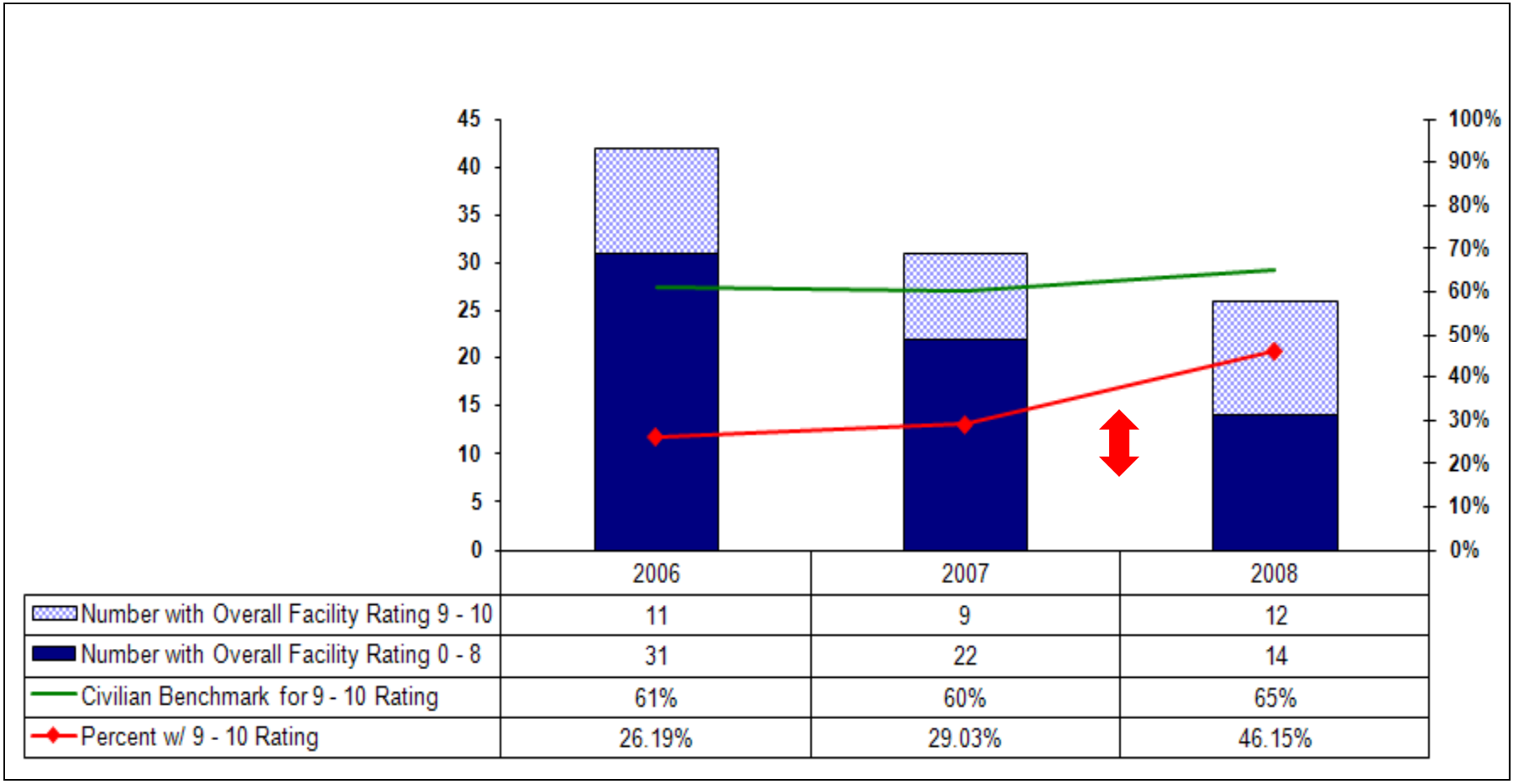
Overall Hospital Benchmark	61%	60%	65%
Recommend Hospital Benchmark	66%	66%	70%

TROs began working customer satisfaction surveys.

Hospital Consumer Assessment of Healthcare Providers and Systems' Benchmarks

Surveys were sent to beneficiaries receiving inpatient care during the last 3 months of each FY. TROs were directed by TMA in 1QFY08 to taken action to improve survey results on metrics which were significantly below the national benchmarks.

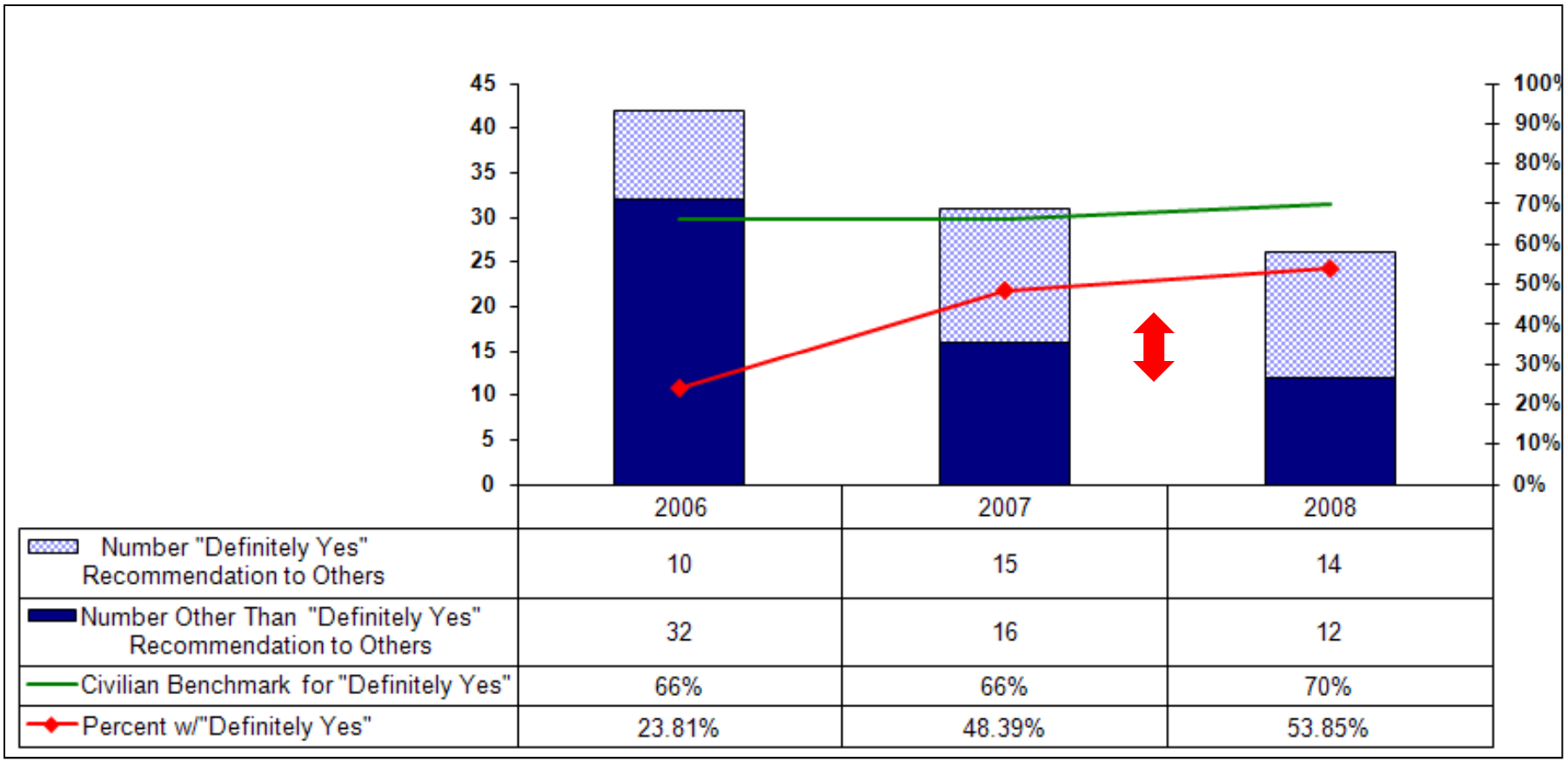
TRISS Survey Results: Civilian Hospital Obstetrics Component: Overall Hospital Rating



	2006	2007	2008
Number with Overall Facility Rating 9 - 10	11	9	12
Number with Overall Facility Rating 0 - 8	31	22	14
Civilian Benchmark for 9 - 10 Rating	61%	60%	65%
Percent w/ 9 - 10 Rating	26.19%	29.03%	46.15%

TROs began working customer satisfaction surveys.

TRISS Survey Results: Civilian Hospital Obstetrics Component: Recommending Hospital



	2006	2007	2008
Number "Definitely Yes" Recommendation to Others	10	15	14
Number Other Than "Definitely Yes" Recommendation to Others	32	16	12
Civilian Benchmark for "Definitely Yes"	66%	66%	70%
Percent w/"Definitely Yes"	23.81%	48.39%	53.85%

TROs began working customer satisfaction surveys.

TRISS Strengths and Challenges

- **Strengths:**
  - Aggregate survey results easily compared with national benchmarks and across TRICARE Regions and Military Services
  - Survey results identify whether care was received from DC or PC facilities
  - Drill down data identifies facilities with low beneficiary satisfaction
- **Challenges:**
  - Annual report received 11 months after survey completed
  - Analysts required for extensive work to retrieve hospital survey results from data file
  - Medical, obstetrics, and surgical components do not have national benchmarks for comparisons
  - Respondents are not identified by beneficiary category

TRICARE Outpatient Satisfaction Survey (TROSS)

TRICARE Outpatient Satisfaction Survey

12-Month Period
Sep 08 - Aug 09

	Access to Care - C1		Dr's Comm - C2		Office Staff - C3		Feelings toward MHS - C4		Mental Health Care - C5		Overall Health Care		Sample Size	
MTF:	DC	PC	DC	PC	DC	PC	DC	PC	DC	PC	DC	PC	DC	PC
MTF 1	52.5%	80.2%	73.2%	84.9%	67.9%	89.0%	35.6%	58.6%	50.1%	72.3%	56.3%	86.2%	390	307
MTF 2	50.4%	84.0%	77.7%	90.5%	68.9%	91.0%	41.6%	60.1%	53.4%	75.7%	57.6%	68.7%	491	276
MTF 3	60.5%	65.7%	80.8%	82.9%	74.7%	88.5%	47,4%	62.1%	64.6%	80.5%	61.4%	75.3%	862	269
MTF 4	56.4%	74.3%	78.7%	88.6%	75.5%	93.8%	49.5%	65.0%	57.7%	73.0%	62.6%	80.8%	634	182
MTF 5	51.2%	69.0%	81.2%	81.5%	76.3%	78.9%	46.3%	58.4%	52.7%	71.4%	60.2%	74.1%	422	510
MTF 6	61.2%	59.9%	79.9%	84.7%	67.5%	55.0%	46.3%	67.6%	59.0%	67.6%	56.0%	67.1%	400	85
MTF 7	54.7%	77.6%	81.3%	88.4%	69.4%	87.3%	47.7%	62.1%	55.7%	76.9%	64.1%	75.1%	572	292
MTF 8	40.6%	86.9%	76.9%	94.0%	67.0%	95.0%	36.9%	78.8%	55.5%	29.6%	42.5%	90.8%	326	56
MTF 9	68.6%	77.2%	80.9%	80.5%	77.2%	81.2%	48.6%	51.4%	62.2%	67.1%	59.5%	50.7%	665	173
MTF 10	60.9%	84.0%	78.6%	89.6%	70.4%	91.1%	54.9%	68.8%	67.3%	72.0%	65.4%	83.4%	601	322
Benchmark	61.0%	71.2%	77.2%	83.8%	69.7%	79.7%	na	na	na	na	66.6%	79.7%		

Metric Score > Benchmark

Metric Score < Benchmark but not significant shortfall

Metric Score > 5% below Benchmark or PC satisfaction is < DC satisfaction

Sample size s are too small to determine significance of score

FY 08 TROSS Survey Results Review Process

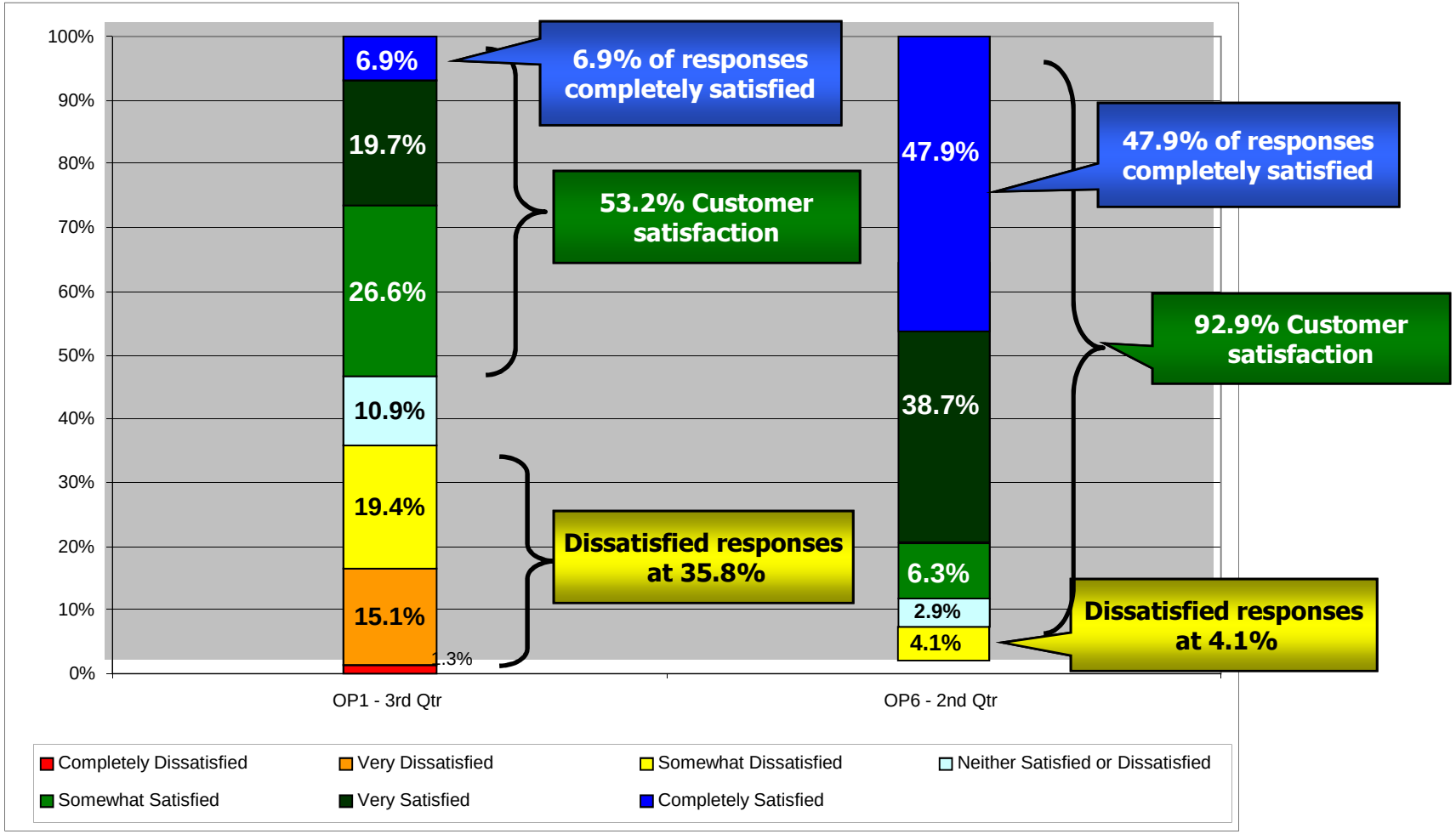
- Review network adequacy for provider shortages that might cause dissatisfaction
- Review referral rates to MTF/Network to identify specialty shortages that are below standards
- Review referral appointment date to encounter date to identify ATC issues
- Review drive time distances between beneficiaries and providers to identify ATC issues
- Review complaints on providers that might contribute to dissatisfaction
- Compare HCSDB and TRICARE Outpatient Satisfaction Survey results to validate dissatisfaction

TROSS Strengths and Challenges

- **Strengths:**
  - Survey results are published monthly with rolling quarter and annual data
  - Best tool for comparing satisfaction with PC and DC providers within the MTF catchment area
  - Reports provide results by beneficiary category and primary/specialty care
- **Challenges:**
  - Reports do not identify whether survey respondent was a DC or PC enrollee
  - Cannot identify providers who cause low satisfaction

MTF Commanders' Award Fee Survey

MTF Commander's Award Fee Survey



Conclusions

- **Improving beneficiary satisfaction requires:**
  - Good survey tools, but can be improved
  - Identification of communities with low satisfaction
  - Determination of root cause of low satisfaction
  - Proper corrective action
- **Partnerships are vital to success**
  - TROs
  - MCSCs
  - TMA HPA&E
  - Military Services and MTFs

TRICARE

Session: What Our Beneficiaries Tell Us About Accessing the MHS:
Their Experiences and Satisfaction

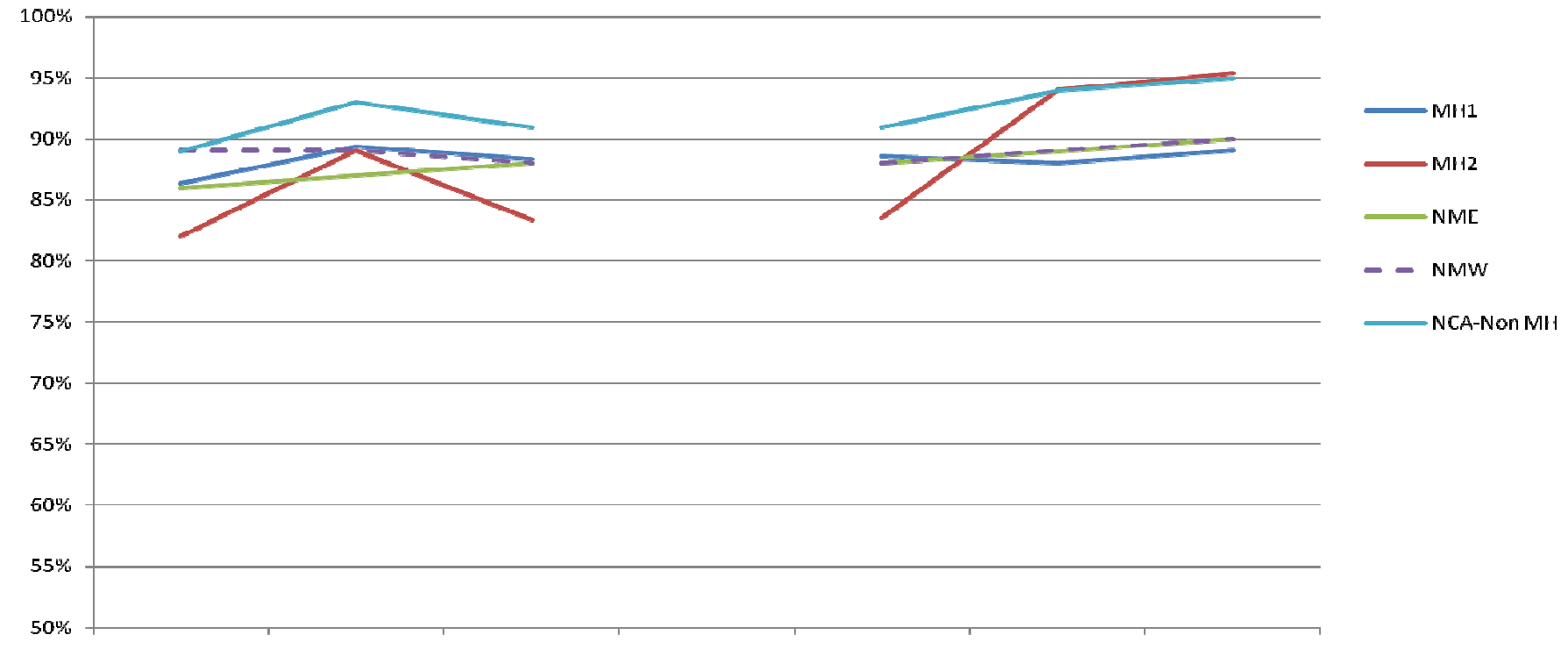
The MTF Perspective
Naval Hospital Pensacola

Maureen Padden MD MPH FAAFP
CAPT, MC, USN (FS)
Naval Hospital Pensacola

Using “The Monitor” to Gauge Patient Satisfaction With Re-engineering as Part of the Patient-Centered Medical Home

Medical Home - Encounter

Average Satisfaction with Provider & By Region



BEFORE

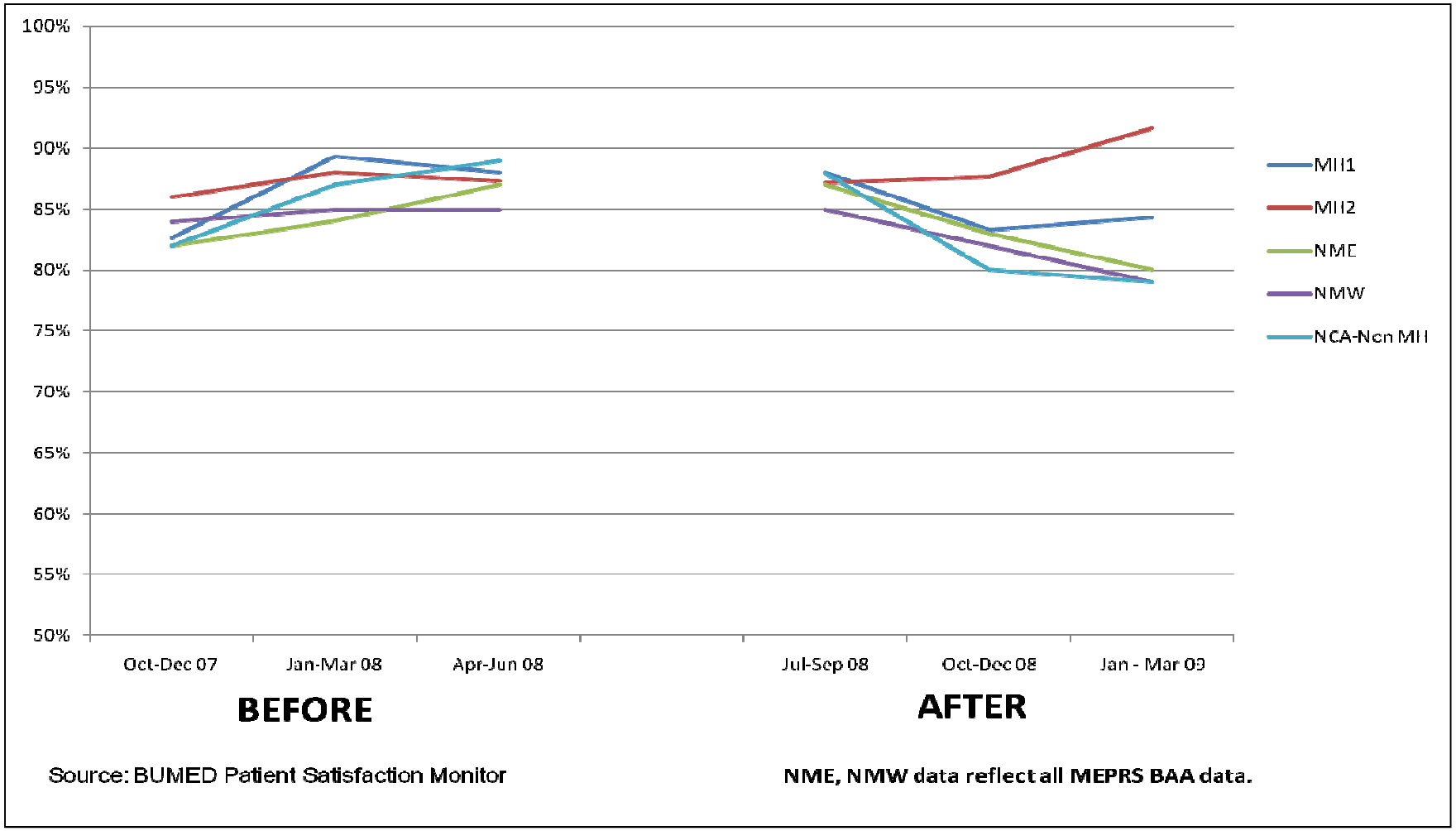
AFTER

Source: BUMED Patient Satisfaction Monitor

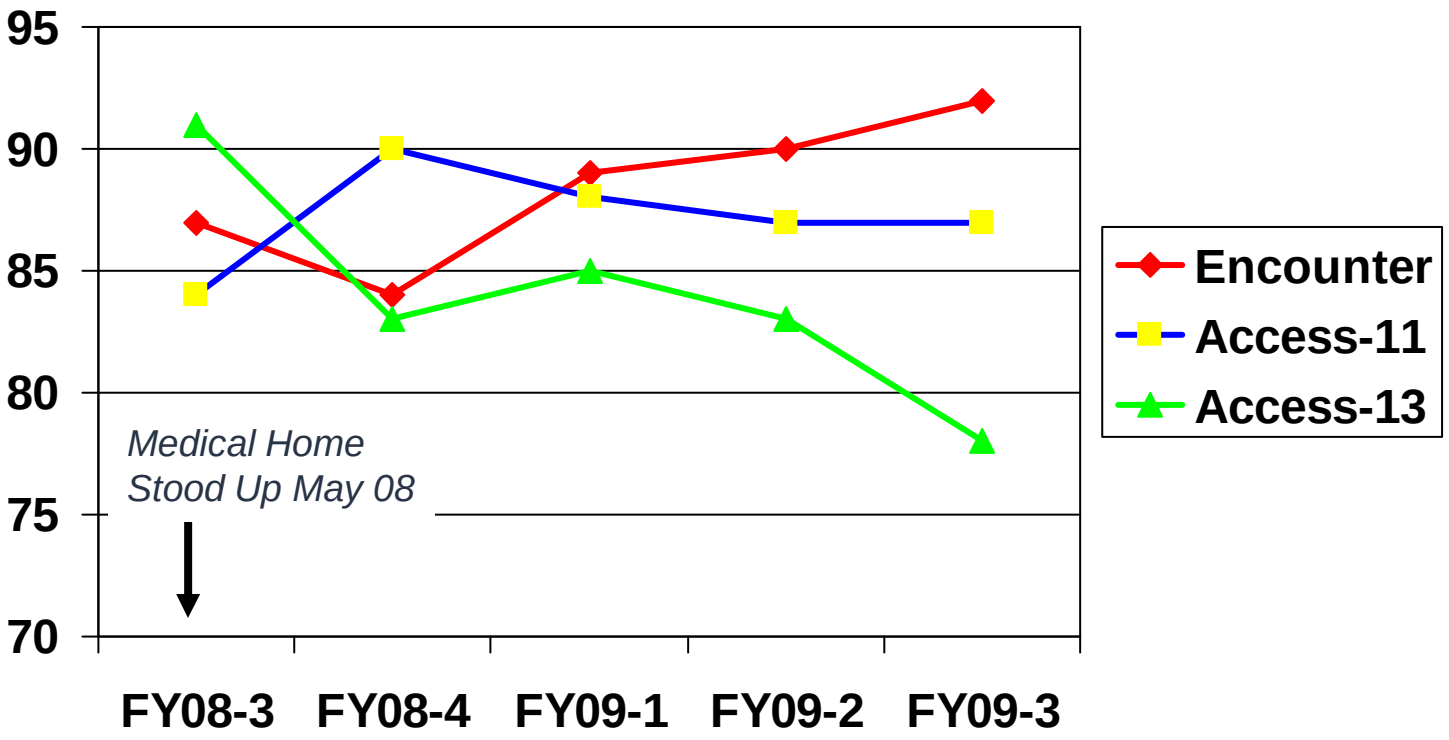
NME, NMW data reflect all MEPRS BAA data.
NME & NMW data exactly the same – Apr 08-Mar-09

Medical Home – Access to Care

Average Satisfaction with Provider & Region

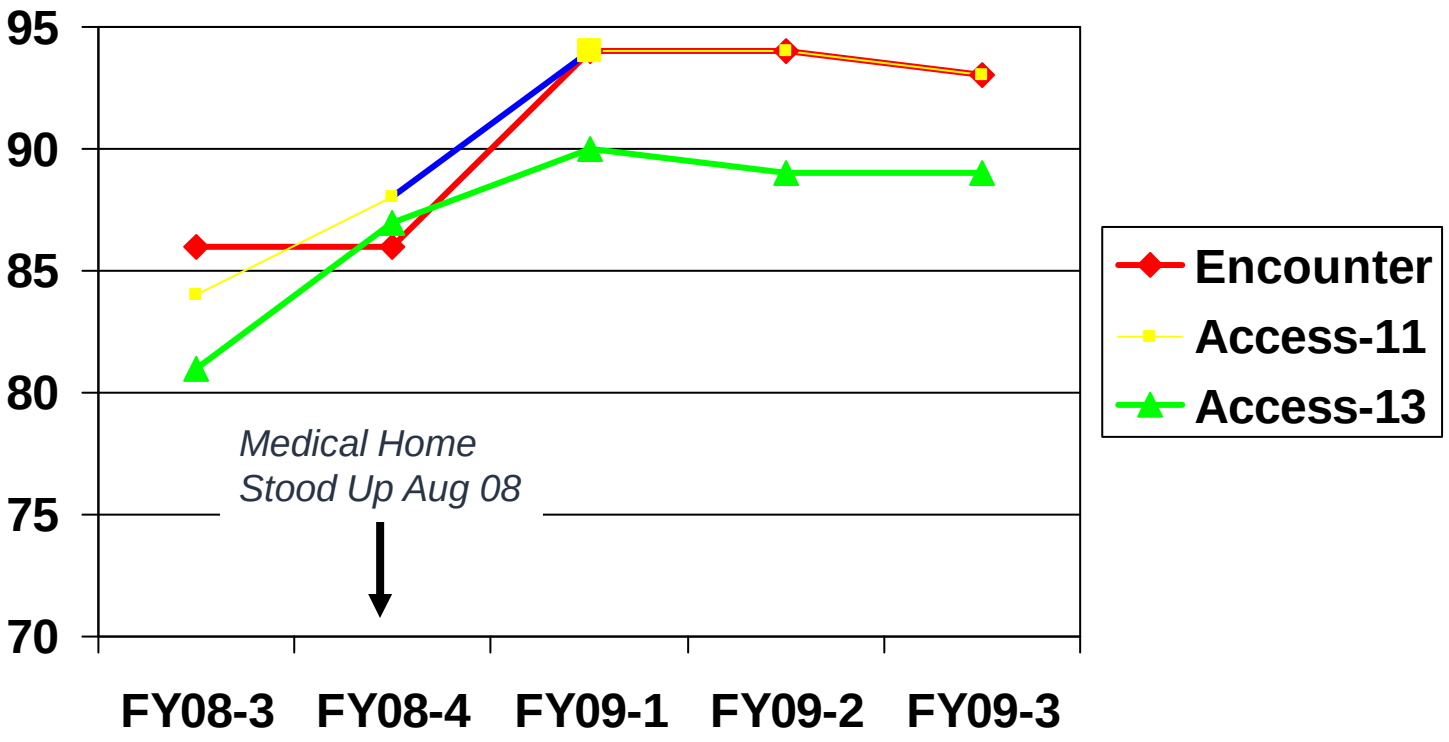


Medical Home One



Access-11: Ease of scheduling appointment
Access-13: Able to see provider when needed

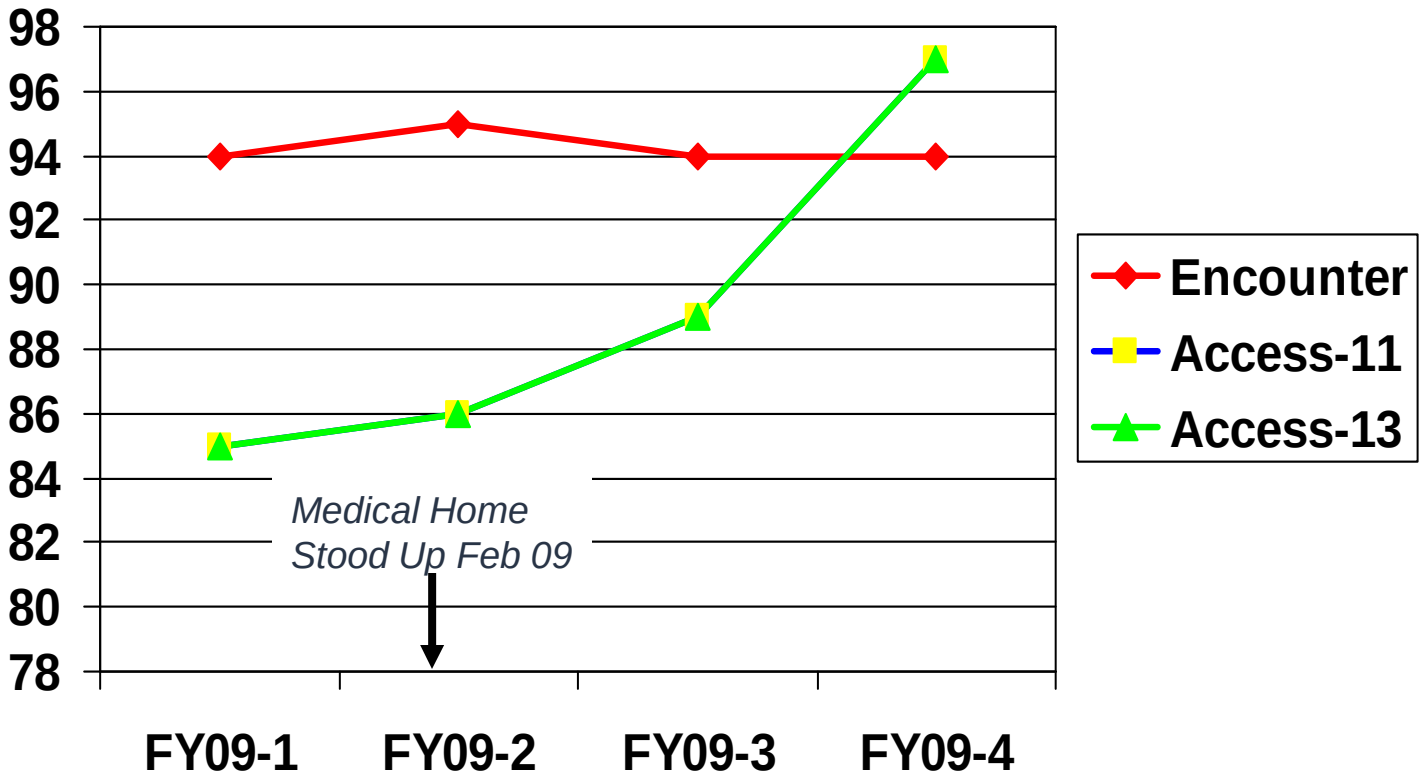
Medical Home Two



Access-11: Ease of scheduling appointment
Access-13: Able to see provider when needed

Branch Medical Clinic: Team 1

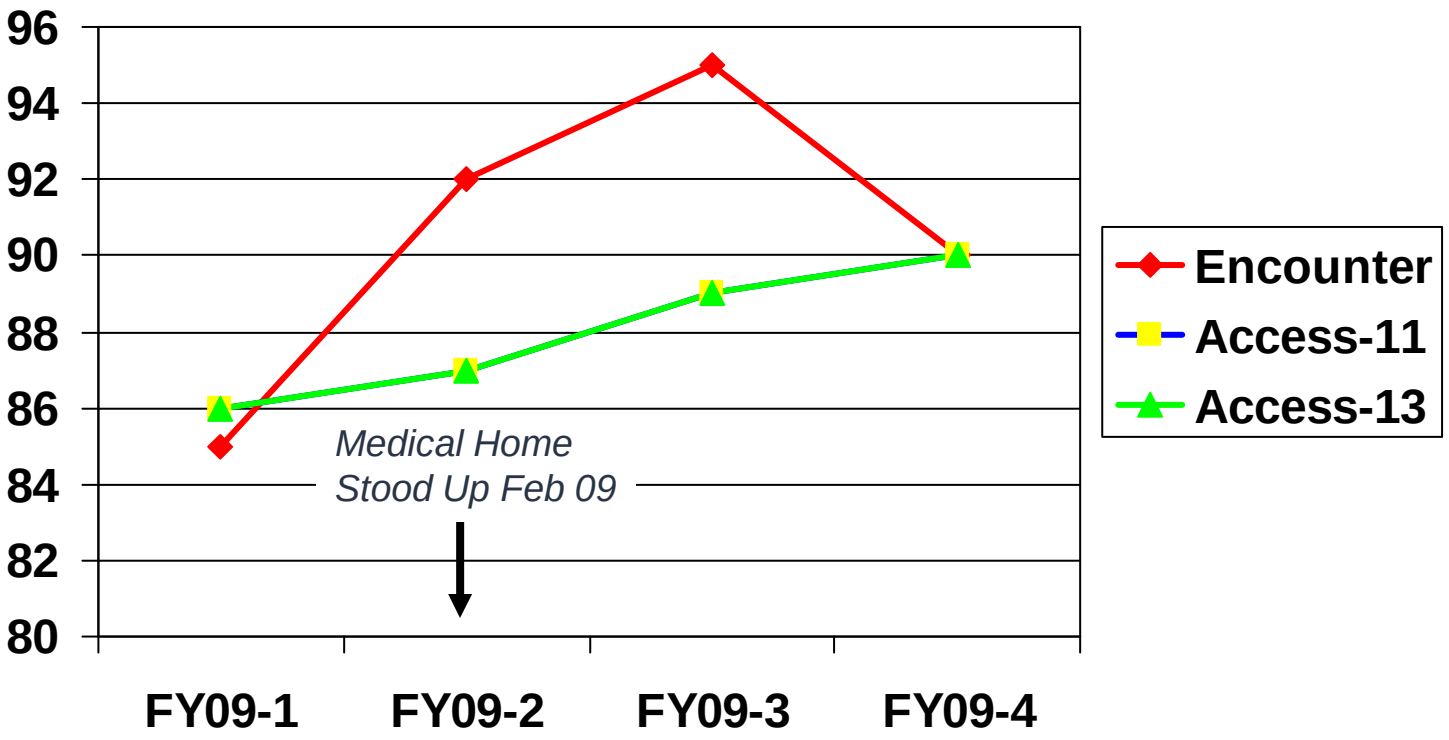
Satisfaction with Encounter and Access



Access-11: Ease of scheduling appointment
Access-13: Able to see provider when needed

Branch Medical Clinic: Team 2

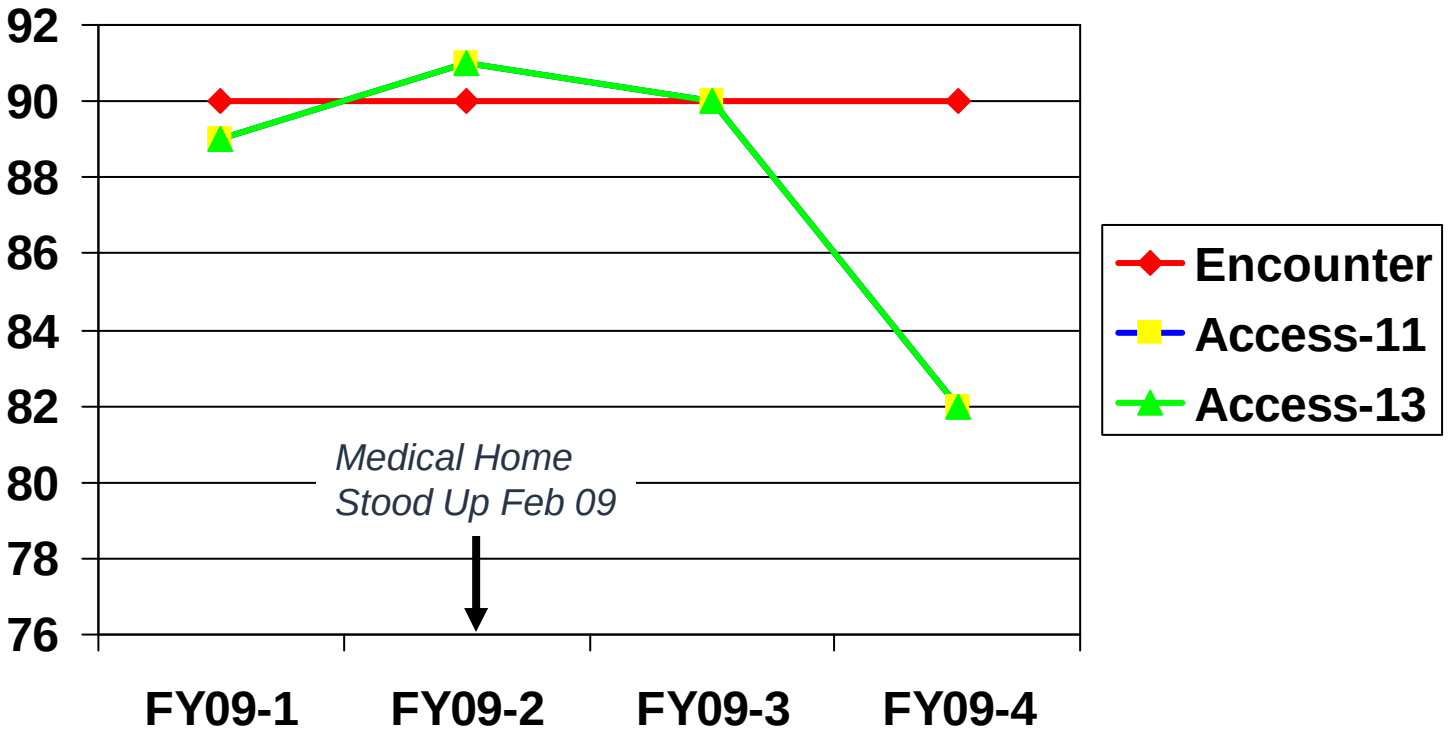
Satisfaction with Encounter and Access



Access-11: Ease of scheduling appointment
Access-13: Able to see provider when needed

Branch Medical Clinic: Team 3

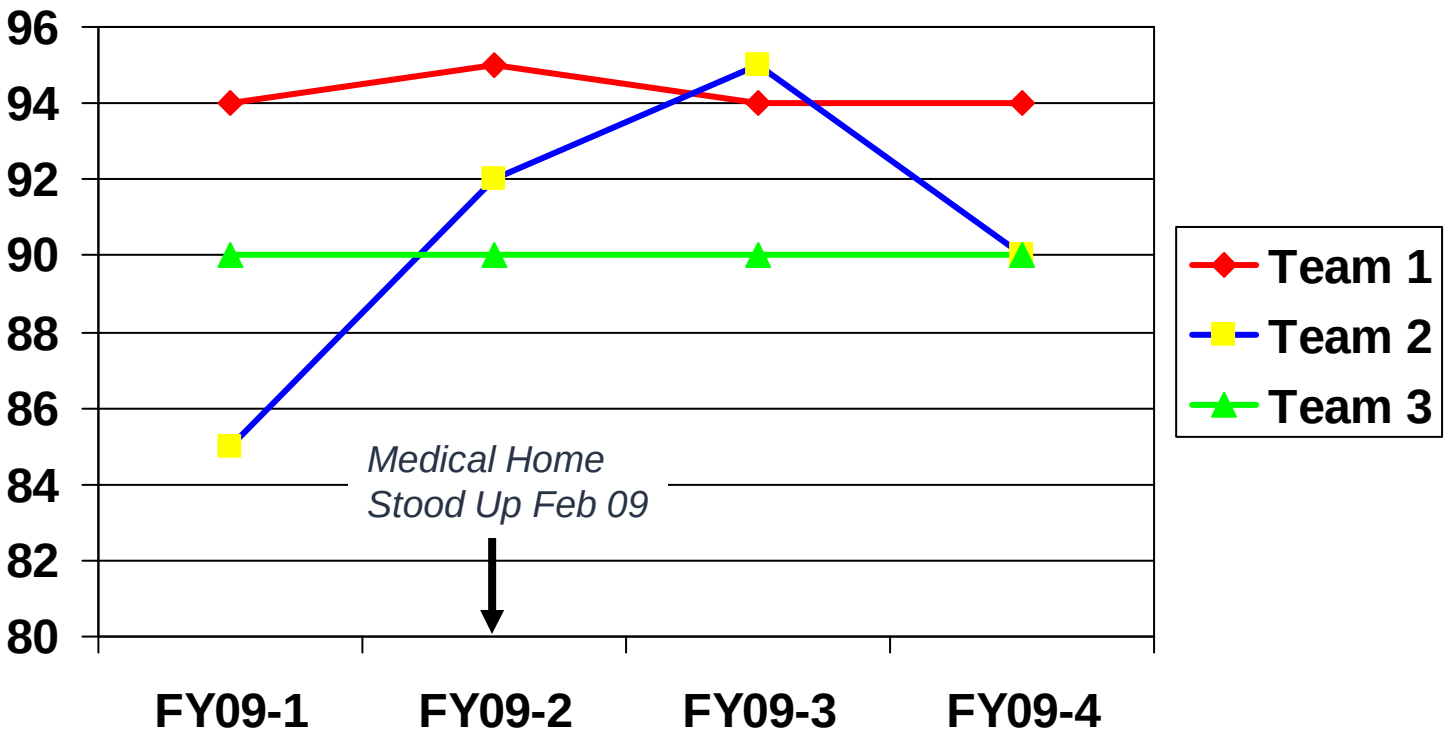
Satisfaction with Encounter and Access



Access-11: Ease of scheduling appointment
Access-13: Able to see provider when needed

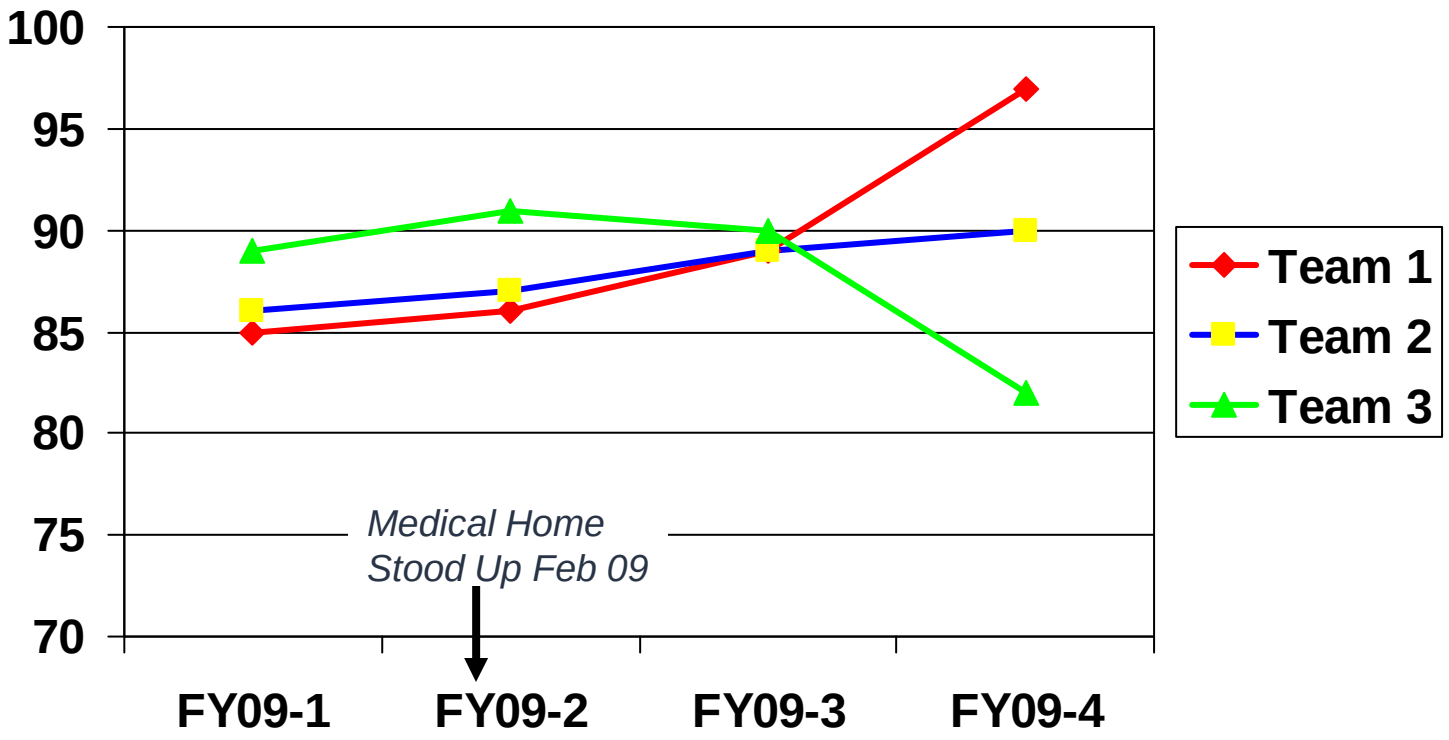
Satisfaction with Encounter

Three Teams Compared



Satisfaction with Access

Three Teams Compared



Concluding Thoughts & Wrap Up

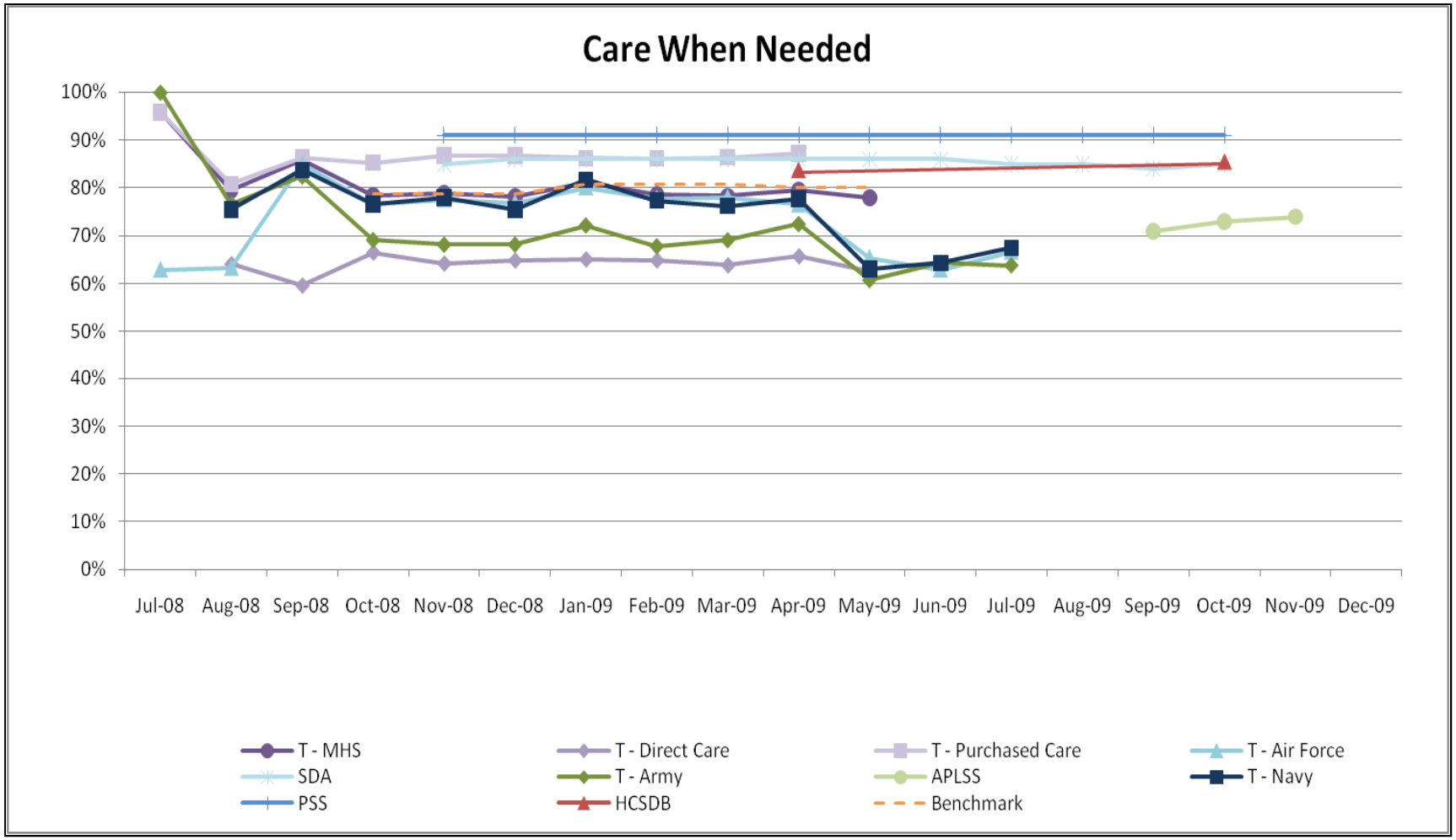
Session: What Our Beneficiaries Tell Us About Accessing the MHS:
Their Experiences and Satisfaction

Improving Beneficiary Satisfaction: Common Survey Questions For Tri-Service & OASD(HA) Outpatient Surveys

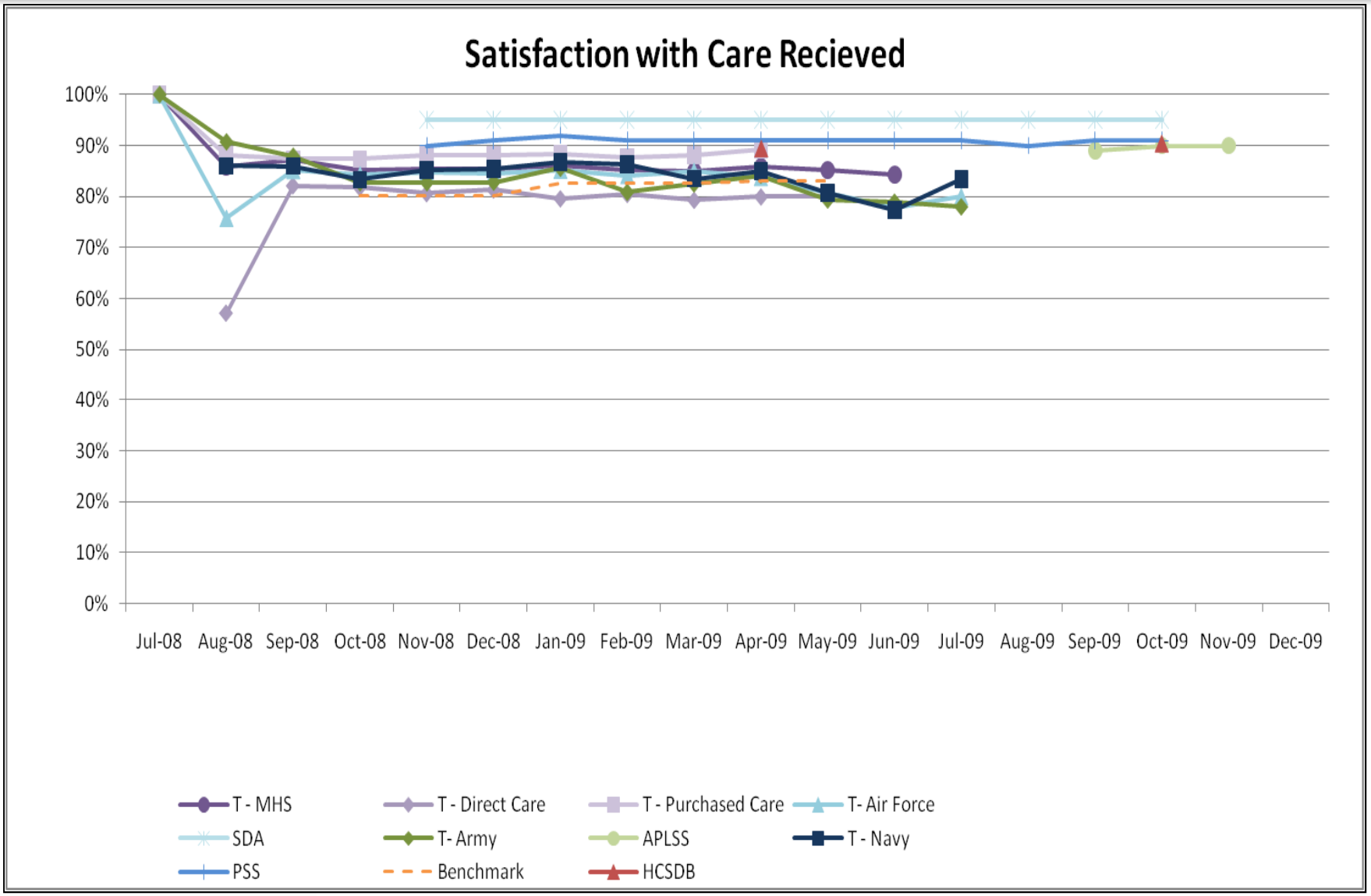
Thomas H. Williams, Ph.D., Director, HPA&E
and Rich Bannick, Ph.D.

January 26, 2010

Common Survey-Based Measures (#1 of 4): "Able to Get Care When Needed"



Common Survey-Based Measures (#2 of 4): "Satisfied with Health Care Received"



The Emerging Data Collection Platform

- Focus Groups
- Mixed Modes
  - Web, Email, Phone, Mail
- Cooperative
  - AHRQ, CMS, VHA?
- Collaborative
  - DMDC
  - USD(P&R)
  - HSC, Community Tracking Study
  - Commonwealth
  - Kaiser Family Foundation

The Aims of Our Data Collection Efforts

- Gather as frequently and report as timely appropriate for the intent and ability to act
- Do so flexibly
- Make it relevant


Experience of Care
Population Health
Readiness
Per Capita Cost

QUESTIONS?